



### MAIL SERVICE PHARMACY TIPS MAIL REGISTRATION & PRESCRIPTION ORDER FORM

- New prescriptions must be mailed to Walgreens Mail Service pharmacy.
- For long-term medications you need right away: ask your doctor for two prescriptions—one for a small supply to fill at a participating retail pharmacy and one for a long-term supply to fill through the mail.
- Most orders are shipped by U.S. Postal Service. Controlled substances may require an adult signature upon receipt. Packaging does not show any indication that medications are enclosed.
- Allow 10 business days for delivery.
- Emergency prescriptions can be shipped overnight. Please call our Customer Care Center.
- Include payment, if applicable to avoid any delays. Please do not send cash.
- Make checks payable to Walgreens Mail Service. Credit cards accepted.
- Refills cannot be transferred from other pharmacies. Request a new prescription from your doctor.
- Use black ink only. Enclose form with prescription(s) and payment.

**Customer Care Center:****1-800-489-2197** (TTY: 1-800-925-0178)

Monday–Friday: 8:00 a.m.–10:00 p.m. (Eastern)

Saturday–Sunday: 8:00 a.m.–5:00 p.m. (Eastern)

**Refills by Phone:****1-800-RX-REFILL (1-800-797-3345)**

(en español: 1-800-778-5427)

**Internet:****www.walgreensmail.com/medicarerx**

**Please Note:** By submitting this form, you have authorized release of all information to Walgreens Mail Service (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

Cut here

Use form for Alliance Medicare PPO

Rx BIN  Rx Group \_\_\_\_\_ (if on ID card)Rx PCN  Rx Group Name \_\_\_\_\_ (if on ID card)
**BENEFICIARY INFO.**  
 Male  Female  Suffix extension  Patient needs snap-on caps  
 if on ID card  Patient needs large print labels
ID Number (Important-copy from ID card) Name (First, Last)  Date of Birth (MM/DD/YYYY) Shipping Address (Please do not use P.O. Box)  Daytime Phone ( )City  State  ZIP Code  Evening Phone ( )E-mail Address  Dr. Name  Dr. Phone (Required) ( )
**ALLERGIES:**  No Known  32-Codeine  70-Penicillin  
 87-Sulfa  93-Tetracycline  Other (list):

**HEALTH CONDITIONS:**  No Known  200-Diabetes  300-Hypertension  
 400-Heart Disease  500-Glaucoma  600-Stomach Disorders  
 700-Thyroid Disease  800-Arthritis  Other (list):

**PAYMENT - CHECK OR CREDIT CARD (VISA®, MASTERCARD®, DISCOVER®, AMERICAN EXPRESS®)**

Number Enclosed	Cost (ea.)	Subtotal
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL AMOUNT ENCLOSED		\$ <input type="text"/>

It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.

Please contact your plan sponsor for benefit questions.

Credit Card Number Credit Card Expiration (MM/YY)  Signature (for credit card) 

Mail to: Walgreens Mail Service, P.O. Box 628001, Orlando, FL 32862-8001

Cut here

