

Home Deliver	y Registration	& Prescri	iption	<b>Order</b>	For
--------------	----------------	-----------	--------	--------------	-----

				٨	•

Prescription Drug Plan:		

Use this form to register/s	ubmit your first prescription order. <b>Y</b>	ou can also register at www	w.alliancerxwp.com/home-delivery. DO NOT staple, tape or paperclip anything to this form.
Please pri	int clearly using only BLACK INK and L	IPPERCASE letters. Fill in the appl	licable circles completely (●). <b>Not all ID and Group Number boxes may be needed.</b>
MEMBER INFORMATION	<ul><li>○ Male</li><li>○ Female</li></ul>	Date of Birth [M	IM/DD/YYYY] / / /
Member ID Number <i>(Located on car</i>	d)	Email Address <i>(To recei</i> v	ive information regarding the processing of your order)
Suffix (If on card) BIN (Locate	ed on card) PCN (Located on card	)	Group Number (Located on card)
Last Name		First Name	Cell Phone
Permanent Address Line 1			Work Phone
Permanent Address Line 2			Home Phone
City		State ZIP Code	e Government ID (Most states require ID for controlled Rx substances by law)†
Prescriber Last Name		Prescriber First Initial	Prescriber Phone Prescriber Fax
	MEMBER		Payment Options
Allergies Aspirin	Health Conditions  O Arthritis	Order Preference  O Large-print vial labels	**Please do not send cash** We accept checks and credit cards.
○ Cephalosporin	○ Asthma	Spanish vial labels	Checks should be made payable to AllianceRx Walgreens Prime
○ Codeine derivatives	○ Diabetes	○ Automatic refill‡	
O Morphine derivatives	○ Glaucoma	,	We accept Visa, MasterCard, Discover and American Express.
○ Penicillin ○ Sulfa drugs	<ul><li>○ Heart disease</li><li>○ Hypertension</li></ul>	‡Fill in this circle if you would like us to automatically refill	Please visit www.alliancerxwp.com/home-delivery to pay by credit card.
○ None known	○ Pregnancy	your prescriptions in the future.	rou will fleed to create all account. So to Settings & Payment their Payment
Other (Use lines below)	○ Thyroid disease		Methods to enter a credit card number.
	O None known		You can also call our Customer Care Center for assistance at 800-345-1985.
	Other (Use lines at right)		Tod san also san sur sustainer sure senter for assistance at 500 0 fo 1700.

	11111	

<b>DEPENDENT INFORMA</b> Dependent Last Name	ATION	Date of Birth [MM/DD	/YYYY] / / /		•	pping, please contact the ter toll free at 800-345-1985.
Suffix (If on card) Email	address (To receive information	regarding the processing of y	our order)			
Prescriber Last Name		Prescrib	er First Initial Prescrit	er Phone	Prescriber Fax	
			DEPENDENT			
Alle	rgies		<b>Health Conditions</b>		Order P	reference
<ul><li>Aspirin</li><li>Cephalosporin</li><li>Codeine derivatives</li><li>Morphine derivatives</li></ul>	<ul><li>Penicillin</li><li>Sulfa drugs</li><li>None known</li><li>Other (Use lines below)</li></ul>	<ul><li>○ Arthritis</li><li>○ Asthma</li><li>○ Diabetes</li><li>○ Glaucoma</li></ul>	<ul><li>Heart disease</li><li>Hypertension</li><li>Pregnancy</li><li>Thyroid disease</li></ul>	○ None known ○ Other (Use lines below)	○ Large-print vial labels	○ Spanish vial labels
Please allow 10 business days a Generic equivalents are usually each drug. If allowed by your pro	If including a prescription or of the time that you place you less expensive than brand name of escriber, we will dispense a general ve authorized release of all informations.	<b>ur order to receive your pre</b> drugs. If we dispense a brand ric equivalent unless you che	scription(s). A refill order fo name drug, you may be respo ck this box.	nsible for a higher copayment a ot a generic equivalent.	nd/or the difference between	the brand and generic price of
Total number of prescriptions in  Standard Shipping  Next Business Day (\$19.95†)  2nd Business Day (\$12.95†)  Total Payment Enclosed		NO CHAR(	DE L		int your name and date of be them along with this comp AllianceRx Walgreen P.O. Box 2906 Phoenix, AZ 85038	leted form and mail to: s Prime

<sup>†</sup>Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.