PrimeMail® by Walgreens Mail Service

Mail Service Prescriber Fax Form

160

Prescription Drug Plan: _____

THIS FORM MUST BE FAXED FROM A PRESCRIBER'S OFFICE TO BE VALID.

PATIENT SECTION

Patient: To have your order processed, you must be registered with Walgreens Mail Service. You can register online at **Walgreens.com/PrimeMail** or by mail using the form included in your enrollment kit.

IMPORTANT NOTICE: Generic equivalents are less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. ❑ I do not accept a generic equivalent.

After you are registered, please print your member ID number, BIN, and PCN listed on your ID card, and your phone number and address in the space below. Give this form to your prescriber to complete and fax to us.

Member ID Number *(Located on card)* _____ BIN *(located on card)* _____ PCN *(located on card)* _____

Patient Address _____

City _____ State ____ ZIP Code _____ Patient Phone ___ – ___ – _____

PRESCRIBER SECTION

Prescriber: Fax this completed form to **Walgreens Mail Service at 800-332-9581. Your signature and date are required.** Most prescription drug plans allow up to a 3 month supply with three refills. **NOT VALID FOR CII PRESCRIPTIONS.**

Send eRx prescriptions to: Walgreens Mail Service
Store #03397
8350 S River Pkwy
Tempe, AZ 85284-2615

Patient Name _____ **DOB [MM/DD/YYYY]** _____

	Medication	Strength	Directions	Qty.	# of Refills	DAW
Rx 1						☐
Rx 2						☐

Date _____ NPI# _____ DEA# _____
Required for Controlled Substances

Prescriber Signature _____ Prescriber Signature _____

❑ Dispense as written Brand medically necessary ❑ Generic substitution permitted

Prescriber Name *(Please print)* _____

City _____ State _____ Zip Code _____

Prescriber Phone ___ – ___ – _____ Prescriber Fax ___ – ___ – _____ ❑ Check box if this is a new fax number

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