Walgreens Mail Service Prescriber Fax Form

World Trade Center (WTC) Health Program

Intercom: WTCWC
UPI#: WTC001

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

MEMBER SECTION

Patient: To have your order processed, you must be registered and have current shipping information on file with Walgreens. You can register online at **Walgreens.com/wtc** or by mail using the form included in your enrollment kit.

IMPORTANT NOTICE: It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens will dispense an FDA-approved generic equivalent if available, permitted by your prescriber and allowed by state law. If you do not want a generic equivalent or have questions regarding your mail service prescription(s), please call our Customer Care Center at **888-516-8010.**

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

Member ID Number *(Located on card)* _____ Patient Phone ___ – ___ – _____

Patient Address _____

City _____ State _____ ZIP Code _____

PRESCRIBER SECTION

Prescriber: Fax this completed form to **Walgreens at 800-332-9581. Your signature and date are required.** Most prescription drug plans allow up to a 90-day supply with three refills.

Print and use BLACK INK only. NOT VALID FOR CII PRESCRIPTIONS.

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

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

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

Prescriber Signature _____

Prescriber Name *(Please print)* _____

Prescriber Address _____

City _____ State _____ ZIP Code _____

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

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.

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