World Trade Center Health Program: Mail Order Prescription Program

To provide better service for obtaining prescriptions through the World Trade Center (WTC) Health Program, a mail order prescription program is being offered. Members may receive medications through the mail by having prescriptions filled by Walgreens mail order services. Walgreens provides an easy method for obtaining both new prescriptions as well as refills.

To complete the Mail Service Registration & Prescription Order Form, please follow the instructions below. Print clearly using only black ink and uppercase letters.

Member Information

- Completely fill in the circle next to “Male” or “Female.”.
- Enter your date of birth in the MM/DD/YYYY format.
- Fill in your member identification number. If you don’t know your number, contact your Clinical Center of Excellence or call the WTC Health Program’s Customer Care line at 1-888-982-4748.
- Enter “WTC” in the Suffix field.
- Enter your last name and first name.
- Provide your cell phone number. Please indicate whether you would like to receive text message updates on your prescription order by filling in the circle next to “Yes” or “No.”
- Fill in your street address.
- Provide a daytime and evening phone number where you may be reached.
- Enter your city, state and zip code.
- Provide a government identification number. You may use a driver’s license number, state identification number, Social Security number, passport number, or a military identification number.
- Enter your prescriber’s last name and first initial.
- Fill in your prescriber’s phone and fax number.

Member Box

- **Allergies:** Please completely fill in the circle(s) next to all of your drug allergies. If you do not have any allergies, fill in the circle next to “None known.” If you have a drug allergy that is not listed, fill in the circle next to “Other” and write in any additional allergies.
- **Health Conditions:** Please completely fill in the circle(s) next to all of your health conditions. If you do not have any health conditions, fill in the circle next to “None known.” If you have a health condition that is not listed, fill in the circle next to “Other” and write in any additional health conditions on the lines to the right.
- **Order Preference:** Please completely fill in the circle next to your order preference, “Large-print vial labels,” “Spanish vial labels,” and/or “Automatic refill.” You may fill in more than one circle.
Member Alternate Shipping Information

If you would like to have your prescriptions sent to an address other than the one you listed under Member Information (for example, if you travel to a vacation home during the winter months), please fill in:

- If this address is valid for this shipment only, fill in the circle.
- If this is a temporary address change for a specific period of time, fill in the circle and enter the start date and end date in the boxes indicated.
- Enter the address, city, state and zip information.
- Enter a phone number where you may be reached when using this alternate address.

Order Information

Please complete this section if you are placing a prescription via mail order.

- Enter the number of prescriptions included in the order.

You should receive your prescriptions within 10 business days. If you have any questions about your mail order, please call the Walgreens Customer Care Center at 888-516-8010 (TYY: 800-573-1833). The Customer Care Center is open 8:00am – 10:00pm EST, Monday through Friday, and 8:00am – 5:00pm EST Saturday and Sunday.