



Prescription Drug Plan: _____

Use this form to register/submit your first prescription order. **You can also register at www.alliancerxwp.com/home-delivery. DO NOT staple, tape or paperclip anything to this form.**

Please print clearly using only **BLACK INK** and **UPPERCASE** letters. Fill in the applicable circles completely (●). **Not all ID and Group Number boxes may be needed.**

MEMBER INFORMATION

- Male
- Female

Date of Birth [MM/DD/YYYY] / /

Member ID Number (Located on card)

Email Address (To receive information regarding the processing of your order)

Suffix (If on card)

BIN (Located 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

Government ID (Most states require ID for controlled Rx substances by law)†

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

- -

Prescriber Fax

- -

MEMBER

Allergies	Health Conditions	Order Preference
<input type="radio"/> Aspirin <input type="radio"/> Cephalosporin <input type="radio"/> Codeine derivatives <input type="radio"/> Morphine derivatives <input type="radio"/> Penicillin <input type="radio"/> Sulfa drugs <input type="radio"/> None known <input type="radio"/> Other (Use lines below) <input type="text"/> <input type="text"/>	<input type="radio"/> Arthritis <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Glaucoma <input type="radio"/> Heart disease <input type="radio"/> Hypertension <input type="radio"/> Pregnancy <input type="radio"/> Thyroid disease <input type="radio"/> None known <input type="radio"/> Other (Use lines at right) <input type="text"/> <input type="text"/>	<input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels <input type="radio"/> Automatic refill ‡ ‡ Fill in this circle if you would like us to automatically refill your prescriptions in the future. <input type="text"/> <input type="text"/>

Payment Options

****Please do not send cash**** We accept checks and credit cards.

Checks should be made payable to AllianceRx Walgreens Prime

We accept Visa, MasterCard, Discover and American Express.

Please visit www.alliancerxwp.com/home-delivery to pay by credit card.

You will need to create an account: Go to Settings & Payment then Payment Methods to enter a credit card number.

You can also call our Customer Care Center for assistance at 800-345-1985.

† Driver's license, state ID number, social security number, military ID or passport ID.

