

# Kroger Postal Prescription Services Mail Order Program



Kroger Postal Prescription Services (PPS) is one of your options for mail order prescription drugs. You can fill your prescriptions to Kroger Postal Prescription services unless the prescription is out of refills or a controlled substance, these will require a new prescription from your physician.

To get started in the mail order program, please use one of the following options to get your order quickly and conveniently.

1. Log on to [www.ppsrx.com](http://www.ppsrx.com) to register for an account, complete a patient profile, and place order.
2. Call toll free at 1-800-552-6694 - A PPS associate will be able to give you the necessary information to get started in the mail order program.
3. Complete the order form provided, enclose your new prescription(s), payment information, and mail to:

**PPS – Postal Prescription Service**

**P.O. Box 2718**

**Portland, OR 97208-2718**

If you have any questions on how to get started using Kroger Postal Prescription Services, please visit [www.ppsrx.com](http://www.ppsrx.com) or contact the pharmacy at 1-800-522-6694; Monday - Friday 8 am - 8 pm (CST) and Saturday 11 am - 4 pm (CST).

# Account FAQs

## **Why should I create an online PPS account?**

An online account makes managing your prescriptions much easier! You can order refills, review convenient expense reports and view prescription histories for yourself and others.

## **What is needed to create an online PPS account?**

An online PPS account can be created with just an email address.

## **How do I create an online PPS account?**

Creating an online PPS account is as simple as 1-2-3!

1. Select "Register" from the upper right hand corner of the website.
2. Enter your information.
3. Select "Create Account."

## **During registration I'm receiving an error message stating that my email address is already registered. What do I do?**

Because PPS is part of The Kroger Family of Pharmacies, you may receive this message if you've already registered an account with one of these sites:

Kroger, Ralphs, Fred Meyer, QFC, Fry's Food, Smith's Food and Drug, King Soopers, City Market, Jay C Food, Pay Less Super Markets, Dillons, Owen's Market, Baker's Plus, or Gerbes

If so, please sign in using your username and password from the site on which you're registered. If you have previously created an online PPS account but can't remember your password, simply select "Forgot My Password" and enter your email address. You'll receive an email with instructions to reset your password.

If you have not previously created an account with Kroger, please contact them at (800) 552-6694, so they can help you. Customer Service hours are Monday - Friday, 8 am -8 pm CST, & Saturday, 11 am - 4 pm CST.

## **How do I set up and access patient information?**

Once you have created your online PPS account, you must connect it to a patient profile. First time patients should select "Request New Patient" to set up a patient profile and request their first prescription fill. If you have a PPS or Kroger Family of Pharmacies prescription available, you can directly add it to your account by following the steps to "Add Online Prescription Management."

If you wish to manage a patient profile for someone else, such as a dependent, select "Add a Patient." You'll be able to "Add Online Prescription Management" once you have their PPS prescription number.

## **What do I do if I can't remember my password?**

Click "Sign In" on the home page, select the "Forgot Your Password" option, and enter your email address. You'll receive an email with instructions to reset your password shortly.

## **What happens if I can't remember the answers to my security questions?**

Contact our PPS Custom or Service team.

## Prescription Order Form

Please complete a separate form for each family member enrolling in the mail order service. Your order may be delayed if any information is missing or incomplete. Please mail this form to the address listed above.

**Privacy Notice:** We cannot discuss health information about any patient with anyone other than the patient, the patient's parents or legal guardian (for minors), individuals with medical power of attorney, or individuals listed on the Designation Form for the patient.

**Patient Information Name** (Last, First, Middle):

City:  State:  ZIP:

Home Phone:  Alternate Phone (if applicable):

Date of Birth:  Male:  Female:  Email Address:

Allergies (drug, other):

Health Conditions:

Current Medications:

**Insurance or Prescription Plan Information** (Only required if you are new to the Home Delivery or if your information has changed since your last order. If you are Medicare or Medicaid eligible, call 1-800 552-6694 to set up your profile.)

I am a new customer  My information has changed  I am a Self Pay customer

Insurance ID #:  Group#:  Employer (if applicable):

Name of Insured/Policy Holder (Last, First, Middle):

Relationship to Insured/Policy Holder:

Prefers Brand Drugs\*:  Yes  No

\*Your co-pays may be significantly affected if you select Yes.

**Healthcare Provider Information** (Please provide information on the physician you see most often.)

Physician Name:  Phone:

### Payment Information

To help ensure the security and privacy of your financial data, we do not request credit card information by fax or mail. To pay for your order, please allow us time to process this form (3-5 days if mailing this form, 1-2 days for faxes) and then call us at 1-800-552-6694 with your payment information.

### Prescription Details

Refill  New Prescription  Transfer Pharmacy Name:  Phone:

For refills, please only enter Rx numbers from current prescription labels. For new prescriptions and transfers, please enter the medication name, quantity, and strength.

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>

Signature:  Date: