

Order Prescription Refills

To help ensure that your medication is ordered and received when you need it, each prescription order will contain a Refill Order Form and New Prescription and Update Information Form. In addition, each order will contain information regarding the earliest date that you can order a refill and the number of refills remaining on your prescription. If there are no refills remaining or your prescription is expired, you will also receive a Prescription Renewal Form in your prescription order. Give your prescriber your completed Prescription Renewal Form to provide the Prescription Information section and fax it to the number on the form.* In the event that your prescription, billing, or shipping information has changed, please complete and submit the New Prescription and Update Information Form.

Select one of the following prescription refill options:

- **Online:** Once you've registered online at www.walgreensmail.com simply select the Order Refills Online option.
- **E-prescribe*:** If your prescriber has the technology to electronically prescribe medications, request that your refill be submitted in this way.
- **Fax*:** Give your prescriber your completed Prescriber Fax Form to provide the Patient Prescription Information section and fax it to the number listed on the form.

- **Mail:** Complete the Refill Order Form enclosed with your shipment and mail along with your copay.
- **Phone:** Call 800-797-3345. (Toll-free numbers for Spanish-speaking, deaf, and hard-of-hearing callers are on the back panel of this brochure.) Our 24-hour automated telephone system guides you through the refill-ordering process. Be sure to have your prescription number available.

Payment Information

We require payment with every prescription order. Shipment of your medication may be delayed if we do not receive payment in full at time of order or if your forms are not filled out completely. To make quick and secure online payments using your credit card, you will need to set up an online account at www.walgreensmail.com. You may also make a payment by mailing a personal check or credit card information with your order, or by calling the Customer Care Center with your credit card information. If you'd like, we will keep your credit card information securely on file and charge current and future prescription orders to it. We accept all major credit cards. Please refer to your benefits plan booklet for copay information.

Note: The Registration and Prescription Order Form and Prescriber Fax Form are available online at www.walgreensmail.com.

* By law, faxed and e-prescribed prescriptions are valid only if sent from a prescriber's office.



Mail Order Prescription Medication Program

For more information, visit
www.walgreensmail.com

Walgreens Mail Service
P.O. Box 29061
Phoenix, AZ 85038-9061

Walgreens Customer Care Center
800-345-1985,
Monday through Friday,
8:00 a.m. to 10:00 p.m. (EST),
Saturday and Sunday,
8:00 a.m. to 5:00 p.m. (EST)

En español: 800-778-5427
TTY: 800-573-1833

Mail Service Pharmacy
Convenient, Reliable Delivery



Walgreens Mail Service

Your prescription benefit includes the use of Walgreens Mail Service. Choosing mail service allows you to enjoy delivery of your maintenance medications to the location of your choice—it's easy, convenient, and can save you time and money.

Benefits of Mail Service

- Cost savings with fewer copays
- Easy registration and ordering
- Quick delivery of medications in confidential, tamper-evident packaging; free standard shipping
- Important medication information included with every order
- Access to a clinical pharmacist 24 hours a day, seven days a week
- Our Customer Care Center offers:
 - Order, billing, and shipping assistance
 - Technology for the deaf or hard of hearing
 - Over-the-phone translation services in more than 150 languages
- Online account management and support

Safe and Accurate Prescription Orders

Your healthcare is our primary concern. Our mail service pharmacies use advanced technology to help ensure accuracy. In addition, all prescription orders are carefully checked for potential medication interactions and correct dosage amounts. If necessary, our pharmacists will contact your prescriber (the person who wrote your prescription) with questions or concerns.

Save With Generic Medications

Generic medications offer the same benefits as their name-brand counterparts and usually cost significantly less. We review every prescription order to see if a less-expensive generic medication is available. Unless otherwise noted by your prescriber or state law, we will dispense an FDA-approved generic equivalent when available to help save you money.

The Walgreens Advantage

Walgreens delivers convenient healthcare peace-of-mind wherever you need us most. Because all of our retail and mail service pharmacies are electronically linked, any Walgreens pharmacist can answer your medication questions or fill an emergency prescription.

Getting Started

Register

Select one of the following options to register with Walgreens Mail Service. The information you provide is kept confidential and private in accordance with HIPAA and other applicable state privacy laws.

- **Online:** Visit www.walgreensmail.com. Select the Register now option to set up your account, fill in the required information, include your e-mail address, and submit. We will activate your account within 48 hours. After establishing your account, you can order refills, check order status, view and print your prescription history, view your account balance, make payments, and receive secure information about your prescription order. We encourage you to establish an online account for all eligible family members.

- **Fax*:** Give your prescriber your completed Prescriber Fax Form to provide the Prescription Information section and fax it to the number listed on the form.
- **Mail:** Complete the Registration and Prescription Order Form included in your enrollment kit to submit with your first prescription.
- **Phone:** Call the Walgreens Customer Care Center at 800-345-1985. You will be asked to provide your personal and insurance information, and report any allergies or health conditions you may have. (Toll-free numbers for Spanish-speaking, deaf, and hard-of-hearing callers are on the back panel of this brochure.)

Submit Your First Prescription Order

If you need to start taking your medication right away, request two prescriptions from your prescriber: one for an initial short-term supply of your maintenance medication (e.g., a 30-day supply or the amount allowed by your plan) that your local retail pharmacy can fill immediately, and a second for a 90-day supply, including three refills (or the maximum amount allowed by your plan). To maximize your pharmacy benefit and save money, ask your prescriber to write your prescription to allow for generic substitution.

Because we require the original written prescription from your prescriber to dispense and fulfill your medication, your first prescription may not be ordered online or by phone. Select one of the following prescription order options:

- **E-prescribe*:** If your prescriber has the technology to electronically prescribe medications, request that your refill be submitted in this way.
- **Fax*:** Give your prescriber your completed Prescriber Fax Form to provide the Prescription Information section and fax it to the number listed on the form. If you have not already registered with Walgreens Mail Service, this form will combine your registration and first order into one step.
- **Mail:** Mail your completed Registration and Prescription Order Form along with your original prescription and copay.

Please allow up to 14 days from the time you place your prescription order until you receive it at the address you specify.



Prescriber Fax Form
Mail Order Prescription Medication Program

Intercom AZBC
UPI# BCA002



Please print clearly using only **BLACK INK** and **UPPERCASE** letters.

195

Fill in the applicable circles completely (●).

MEMBER OR DEPENDENT: Use this form to have your prescriber submit a medication order or, if you are not yet registered for mail service, you can use this form to register and place your first order. After completing the member and/or dependent, shipping, and payment information, give both pages of the form to your prescriber to complete and fax. Credit card information is required to process your order. **Only faxes sent from a prescriber's office are valid.**

To automatically receive refills of your medications, select Auto Refill. By selecting this option, we automatically refill the prescription(s) at the appropriate time and bill your credit card on file. Most plans allow the convenience of Auto Refill. Check with your plan administrator to see if this is an option for you. As medications may not be returned, if there is a change to your prescription(s), or to discontinue Auto Refill, please notify the Customer Care Center two weeks prior to your next refill date to avoid prescription charges.

PRESCRIBER: Complete the prescription information and fax both pages of the form to **Walgreens Mail Service at 800-332-9581**. Most prescription drug plans allow up to a 90-day supply with three refills.

Cardholder Information

Must be completed for each fax order.

Male Female Date of Birth [MM/DD/YYYY] _____

ID Number (located on card) _____ Suffix (if on card) _____ Group Number _____

Last Name _____ First Name _____ Middle Initial _____

Address 1 _____

Address 2 _____

City _____ State _____ ZIP Code _____

Daytime Phone (____) _____ Evening Phone (____) _____

E-mail Address (to receive information regarding the processing of your order) _____

Dependent Information

Complete only if a prescription is included for the dependent.

Male Female

Date of Birth [MM/DD/YYYY] _____

Suffix (if on card) _____

Group Number _____

Last Name _____

First Name _____

Middle Initial _____

E-mail Address (to receive information regarding the processing of your order) _____

Please Complete To Register

Note: If already registered, indicate any changes to member or dependent allergy and health conditions.

| | | Allergies | | | Health Conditions |
|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|---------------------------|
| Member | Dependent | | Member | Dependent | |
| <input type="radio"/> | <input type="radio"/> | Aspirin | <input type="radio"/> | <input type="radio"/> | Arthritis |
| <input type="radio"/> | <input type="radio"/> | Cephalosporin | <input type="radio"/> | <input type="radio"/> | Asthma |
| <input type="radio"/> | <input type="radio"/> | Codeine derivatives | <input type="radio"/> | <input type="radio"/> | Diabetes |
| <input type="radio"/> | <input type="radio"/> | Morphine derivatives | <input type="radio"/> | <input type="radio"/> | Glaucoma |
| <input type="radio"/> | <input type="radio"/> | Penicillin | <input type="radio"/> | <input type="radio"/> | Heart disease |
| <input type="radio"/> | <input type="radio"/> | Sulfa drugs | <input type="radio"/> | <input type="radio"/> | Hypertension |
| <input type="radio"/> | <input type="radio"/> | None known | <input type="radio"/> | <input type="radio"/> | Pregnancy |
| <input type="radio"/> | <input type="radio"/> | Other (Use lines below) | <input type="radio"/> | <input type="radio"/> | Thyroid disease |
| | | _____ | <input type="radio"/> | <input type="radio"/> | None known |
| | | _____ | <input type="radio"/> | <input type="radio"/> | Other (Use lines at left) |
| | | _____ | | | |

Order Preference

Easy-open caps Spanish vial labels

Large-print vial labels Auto Refill

Walgreens Mail Service
Registration and Prescription Order Form
 Mail Order Prescription Medication Program

To quickly register, visit www.walgreensmail.com.



Please print clearly using only **BLACK INK** and **UPPERCASE** letters.

Fill in the applicable circles completely (●). Not all Group and ID number boxes may be needed.

Cardholder Information

- Male
 Female

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

Intercom AZBC

UPI# BCA002

ID Number (located on card)

Suffix (if on card)

Group Number

E-mail Address (to receive information regarding the processing of your order)

Daytime Phone

- -

Last Name

First Name

Evening Phone

- -

Permanent Address 1

Permanent Address 2

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

- -

Prescriber Fax

- -

Dependent Information

- Male
 Female

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

Dependent Last Name

Dependent First Name

Suffix (if on card)

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

- -

Prescriber Fax

- -

E-mail Address (to receive information regarding the processing of your order)

Please Complete

| Member | Dependent | Allergies | Member | Dependent | Health Conditions |
|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|----------------------------|
| <input type="radio"/> | <input type="radio"/> | Aspirin | <input type="radio"/> | <input type="radio"/> | Arthritis |
| <input type="radio"/> | <input type="radio"/> | Cephalosporin | <input type="radio"/> | <input type="radio"/> | Asthma |
| <input type="radio"/> | <input type="radio"/> | Codeine derivatives | <input type="radio"/> | <input type="radio"/> | Diabetes |
| <input type="radio"/> | <input type="radio"/> | Morphine derivatives | <input type="radio"/> | <input type="radio"/> | Glaucoma |
| <input type="radio"/> | <input type="radio"/> | Penicillin | <input type="radio"/> | <input type="radio"/> | Heart disease |
| <input type="radio"/> | <input type="radio"/> | Sulfa drugs | <input type="radio"/> | <input type="radio"/> | Hypertension |
| <input type="radio"/> | <input type="radio"/> | None known | <input type="radio"/> | <input type="radio"/> | Pregnancy |
| <input type="radio"/> | <input type="radio"/> | Other (Use lines below.) | <input type="radio"/> | <input type="radio"/> | Thyroid disease |
| | | _____ | <input type="radio"/> | <input type="radio"/> | None known |
| | | _____ | <input type="radio"/> | <input type="radio"/> | Other (Use lines at left.) |
| | | _____ | | | |

Order Preference

- Easy-open caps Spanish vial labels
 Large-print vial labels

