



Welcome to Mail Service

Your pharmacy benefit includes the use of Walgreens Mail Service, allowing you to enjoy convenient delivery of your maintenance medications to the location of your choice.

Maintenance medications are used to treat chronic (long-term) conditions. You may receive up to a three-month supply or the maximum allowed by your plan.

Getting Started

It's easy to register and order your first prescription:

Online: Register at WalgreensMail.com/easy. From the registration confirmation page, follow the instructions to submit your new prescription.

By mail: Complete the registration form included with your enrollment packet. Mail the form along with your original prescription.

By phone: Call our Customer Care Center and have your insurance information handy.

Additional ordering options after registration: Ask your prescriber to fax or e-prescribe your new prescription.*

- **Fax:** Use the enclosed fax form or log in to your online account to print a prescriber fax form. Give the form to your prescriber to complete and fax to the number listed on the form.*
- **E-prescribe:** If your prescriber has the technology to submit prescriptions electronically, request that he or she do so.*

If you need your medication right away: Request two prescriptions from your prescriber: one for an initial short-term supply (e.g., 30-day supply or the amount allowed by your plan) that your local pharmacy can fill immediately and one for a 90-day supply with three refills (or the maximum amount allowed by your plan) to mail to Walgreens Mail Service.

Free standard shipping: Please allow 10 business days from the time you place your order until you receive it at the address you specified.

Flexible Payment Options

Payment in full—by credit card or check—is required with every prescription order. We accept all major credit cards. For your convenience, we can keep your credit card on file for future orders by adding it to your secure online account. Simply complete the fields on your registration form or call our Customer Care Center.

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



Savings with Generics

Generic medications offer the same benefits as their brand-name counterparts and usually cost significantly less. We review every prescription order to see if there is a less-expensive generic medication available. Unless otherwise noted by your prescriber or state law, we will dispense an FDA-approved generic equivalent, if available. If you do not want a generic, please contact our Customer Care Center.

About Privacy and Security

The information you provide us is kept confidential in accordance with HIPAA and other applicable state privacy laws. In addition, we use technology that is designed for use with secure web servers. This technology ensures that your personal, health, prescription and credit card information cannot be accessed when submitted over the Internet.



For more information, visit:
WalgreensMail.com/easy

Mail prescriptions to:
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

Mail Order Prescription Medication Program

1183 07/09



**Prescriber Fax Form
Mail Order Prescription
Medication Program**

Intercom: AZBC
UPI#: BCA002



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

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PATIENT SECTION

Patient: To have your order processed, you must be registered with and have current credit card and shipping information on file with Walgreens Mail Service. You can register online at WalgreensMail.com/easy 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 Mail Service 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 **800-345-1985**.

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 Mail Service 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						<input type="checkbox"/>
	Medication	Strength	Directions	Qty.	# of Refills	DAW
Rx 2						<input type="checkbox"/>

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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Registration and Prescription Order Form
Mail Order Prescription Medication Program



9910000AZBCBA002

Use this form to register/submit your first prescription order. You can also register at **WalgreensMail.com/easy**. 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.**

CARDHOLDER INFORMATION

- Male
- Female

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

Intercom: AZBC

UPI#: BCA002

Cardholder ID Number (located on card)

Suffix (if on card)

Group Number

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

Last Name

First Name

Permanent Address 1

Daytime Phone

- -

Permanent Address 2

Evening Phone

- -

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

- -

Prescriber Fax

- -

CARDHOLDER			Payment Options		
Allergies	Health Conditions	Order Preference	<i>Payment is required at time of order. Please do not send cash.</i>		
<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="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="radio"/> Easy-open caps <input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels _____ _____	We accept American Express®, Discover®, MasterCard® and Visa®. <input type="radio"/> Check made payable to Walgreens Mail Service <input type="radio"/> Charge credit card below for this order only <input type="radio"/> Place credit card below on file for this and all future orders		
			Credit Card Number <input type="text"/> Expiration Date [MM/YY] <input type="text"/> / <input type="text"/>		
			I authorize Walgreens Mail Service to charge my credit card for services for which I am financially responsible. If the credit card provided is not able to fulfill payment for any reason, I agree to pay my statement balance upon receipt of the statement and understand that failure to do so may result in discontinuation of pharmacy services.		
			Cardholder Signature _____ Date _____		



9920000AZBCBA002

DEPENDENT INFORMATION

- Male
- Female

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

For separate shipping, please contact the Customer Care Center toll free at 800-345-1985.

Dependent Last Name

Dependent First Name

Suffix (if on card)

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

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

Prescriber Fax

DEPENDENT

Allergies

- Aspirin
- Cephalosporin
- Codeine derivatives
- Morphine derivatives
- Penicillin
- Sulfa drugs
- None known
- Other (Use lines below)

Health Conditions

- Arthritis
- Asthma
- Diabetes
- Glaucoma
- Heart disease
- Hypertension
- Pregnancy
- Thyroid disease
- None known
- Other (Use lines below)

Order Preference

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

ORDER INFORMATION — If including a prescription order, please complete this section.

Please allow 10 business days from the time that you place your order to receive your prescription(s). A refill order form and return envelope will be included with your shipment.

It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens Mail Service 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 800-345-1985.

By submitting this form, you have authorized release of all information to Walgreens Mail Service (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order

Total included for copay(s)\$

- Standard Shipping
 - Next Business Day (\$17.95*)
 - 2nd Business Day (\$10.95*)
- NO CHARGE**

Total Payment Due\$

Please print your name and date of birth on all prescriptions; enclose them along with this completed form and mail to:

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

**Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.*