Walgreens **Mail Service Registration & Prescription Order Form**

9910IVHPMPDIVH001

Prescription Drug Plan: Inter Valley Health Plan

Use this form to register/submit your first prescription order. You can also register at Walgreens.com/MailService. 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] / /

Intercom: IVHPMPD **UPI#: IVH001**

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)* 004758

PCN *(Located on card)* DNPS

Group Number *(Located on card)* H05450

Last Name

First Name

Cell Phone – –

Text Msg* ○ Yes ○ No

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
○ Aspirin	○ Arthritis	○ Large-print vial labels
○ Cephalosporin	○ Asthma	○ Spanish vial labels
○ Codeine derivatives	○ Diabetes	○ Automatic refill‡
○ Morphine derivatives	○ Glaucoma	
○ Penicillin	○ Heart disease	*‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.*
○ Sulfa drugs	○ Hypertension	
○ None known	○ Pregnancy	
○ Other *(Use lines below)*	○ Thyroid disease	
_____	○ None known	_____
_____	○ Other *(Use lines at right)*	_____

Payment Options

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

Checks should be made payable to Walgreens Mail Service

Walgreens accepts Visa, MasterCard, Discover and American Express.

Please visit www.Walgreens.com/Mailservice 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 888-305-0068.

**Standard text message and data rates may apply.*

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

9920IVHPMPDIVH001

DEPENDENT INFORMATION

○ Male
○ Female

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

For separate shipping, please contact the Customer Care Center toll free at 888-305-0068.

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

○ 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.

Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. ❑ I do not accept a generic equivalent.

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

Total number of prescriptions in this order..... ☐☐

○ Standard Shipping **NO CHARGE**
○ Next Business Day ($19.95†) $ ☐☐.☐☐
○ 2nd Business Day ($12.95†) $ ☐☐.☐☐

Total Payment Enclosed ..... $ ☐☐☐☐.☐☐

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

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

WI0431-1017