

Prescription Drug Plan: State of Arizona

Use this form to register/submit your first prescription order. **You can also register at alliancerxwp.com/home-delivery DO NOT** staple, tape or paper clip 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		<input type="radio"/> Male	Date of Birth [MM/DD/YYYY] <input type="text"/> / <input type="text"/> / <input type="text"/>	Intercom: STATZM UPI#: SAZ001
		<input type="radio"/> Female		
Member ID Number <i>(Located on card)</i>	Email Address <i>(To receive information regarding the processing of your order)</i>			
<input type="text"/>		<input type="text"/>		
Suffix <i>(if on card)</i>	BIN <i>(Located on card)</i>	PCN <i>(Located on card)</i>	Group (Rx Group) <i>(Located on card)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 8 9 1 7 <input type="text"/>	
Last Name	First Name	Cell Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Permanent Address Line 1		Work Phone		
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		
Permanent Address Line 2		Home Phone		
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		
City	State	ZIP Code	Government ID <i>(Most states require ID for controlled Rx substances by law)†</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Prescriber Last Name	Prescriber First Initial	Prescriber Phone	Prescriber Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	

MEMBER			Payment Options
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 <i>(Use lines below)</i> <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 <i>(Use lines at right)</i> <input type="text"/>	<input type="radio"/> Large-print 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"/>	<p>**Please do not send cash** We accept checks and credit cards. Checks should be made payable to AllianceRx Walgreens Prime</p> <p>We accept Visa, MasterCard, Discover and American Express.</p> <p>Please visit 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.</p> <p>You can also call our Customer Care Center for assistance at: 866-304-2846.</p>

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



992000STAZMSAZ001

DEPENDENT INFORMATION

- Male
- Female

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

For separate shipping, please contact the Customer Care Center toll free at 866-304-2846.

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

Health Conditions

Order Preference

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

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

- Large-print vial labels
 - Spanish vial labels
 - Automatic refill[‡]
- [‡]Fill in this circle if you would like us to automatically refill your prescriptions in the future.

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 AllianceRx Walgreens Prime (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:

AllianceRx Walgreens Prime
P.O. Box 29061
Phoenix, AZ 85038-9061

Prescription Drug Plan: State of Arizona

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

PATIENT SECTION

Patient: To have your order processed, you must be registered with AllianceRx Walgreens Prime.

You can register online at alliancerxwp.com/home-delivery.

IMPORTANT NOTICE: Generic equivalents are 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.

After you are registered, please print your member ID number, BIN, and PCN listed on your ID card, and your phone number and address in the space below. Give this form to your prescriber to complete and fax to us.

Member ID Number *(located on card)* _____ BIN *(located on card)* _____ PCN *(located on card)* _____

Patient Address _____

City _____ State _____ ZIP Code _____ Patient Phone _____ - _____ - _____

PRESCRIBER SECTION

Prescriber: Fax this completed form to **AllianceRx Walgreens Prime** at **800-332-9581**.

Transmit eRx prescriptions to: AllianceRx Walgreens Prime-MAIL-AZ
Mail Order Store #03397 | 8350 S River Pkwy, Tempe, AZ 85284-2615

Patient Name _____ DOB [MM/DD/YYYY] _____

	Medication	Strength	Directions	Qty.	# of Refills
Rx 1					
	Medication	Strength	Directions	Qty.	# of Refills
Rx 2					

Your signature and date are required. Most prescription drug plans allow up to a 3 month supply with three refills. NOT VALID FOR CII PRESCRIPTIONS. DATE: _____

Prescriber Signature _____

Dispense as written Brand medically necessary Generic substitution permitted

NPI#: _____ DEA#: _____
Required for Controlled Substances

Prescriber Name (Please print) _____

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 axed 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,