



Prescription Drug Plan: EHIM

Use this form to register/submit your first prescription order. **You can also register at www.alliancerxwp.com/home-delivery. 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] / /

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)

0 0 5 2 8 5

PCN (Located on card)

A C B

Group Number (Located on card)

5 0 0 0 2 6 4 0 - 0 1

Last Name

First Name

Cell Phone

- -

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
<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="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 (Use lines at right) <input type="text"/> <input type="text"/>	<input type="radio"/> Large-print vial 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"/> <input type="text"/>

Payment Options

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

Checks should be made payable to AllianceRx Walgreens Prime

We accept Visa, MasterCard, Discover and American Express.

Please visit www.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.

You can also call our Customer Care Center for assistance at 800-345-1985.

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

