



Registration and Prescription Order Form Priority Health



991000PRIORPRY001

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.**

CONTRACT HOLDER INFORMATION

- Male
- Female

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

Intercom: PRIOR

UPI#: PRY001

Contract Holder ID Number (Located on card)

Suffix (If on card)

 0 0

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

 - -

CONTRACT HOLDER

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="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 <input type="radio"/> Automatic refill* <i>*Fill in this circle if you would like us to automatically refill your prescriptions in the future.</i>

Payment Options

Payment is required at time of order. Please do not send cash.

We accept American Express®, Discover®, MasterCard® and Visa®.

- Check made payable to Walgreens Mail Service
- Charge credit card below for this order only
- Place credit card below on file for this and all future orders

Credit Card Number

Expiration Date [MM/YY] /

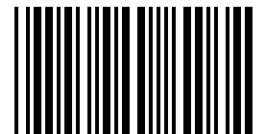
I authorize Walgreens Mail Service to charge my credit card for services for which I am financially responsible. If the credit card provided is not able to fulfill payment for any reason, I agree to pay my statement balance upon receipt of the statement and understand that failure to do so may result in discontinuation of pharmacy services.

Cardholder Signature _____ Date _____



Prescriber Fax Form
Priority Health

Intercom: PRIOR
UPI#: PRY001



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.

IMPORTANT NOTICE: It is standard pharmacy practice to substitute generic equivalents for brand-name medications.

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 888-595-1258. 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]

Table with 6 columns: Medication, Strength, Directions, Qty., # of Refills, DAW. Contains two rows for Rx 1 and Rx 2.

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.

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.

Brand names are the property of their respective owners.

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