



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association



1710PAIDMPDBC001

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Rx BIN 6 1 0 0 1 4

Rx Group BCBSMED (required)

Rx PCN MEDDPRIME

Rx Plan Name Prescription Blue PDP (required)

BENEFICIARY INFO.
Male Female
Suffix extension if on ID card
Patient needs snap-on caps
Patient needs large print labels

ID Number (Important-copy from ID card) 0 0 1

Name (First, Last) Date of Birth (MM/DD/YYYY)

Shipping Address (Please do not use P.O. Box) Daytime Phone

City State ZIP Code Evening Phone

E-mail Address Dr. Name Dr. Phone (Required)

ALLERGIES:
No Known 32-Codeine 70-Penicillin
87-Sulfa 93-Tetracycline Other (list):

HEALTH CONDITIONS:
No Known 200-Diabetes 300-Hypertension
400-Heart Disease 500-Glaucoma 600-Stomach disorders
700-Thyroid disease 800-Arthritis Other (list):

PAYMENT - CHECK OR CREDIT CARD (VISA®, MASTERCARD®, DISCOVER®, AMERICAN EXPRESS®)

Table with 3 columns: Number Enclosed, Cost (ea.), Subtotal. Includes text: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible...

Credit Card Number

Credit Card Expiration (MM/YY) Signature (for credit card)

Mail to: Walgreens Mail Service, P.O. Box 628001, Orlando, FL 32862-8001

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MAIL SERVICE PHARMACY TIPS
MAIL REGISTRATION & PRESCRIPTION ORDER FORM

- New prescriptions must be mailed to Walgreens Mail Service pharmacy.
For long-term medications you need right away: ask your doctor for two prescriptions...
Most orders are shipped by U.S. Postal Service.
Allow 10 business days for delivery.
Emergency prescriptions can be shipped overnight.
Include payment, if applicable to avoid any delays.
Make checks payable to Walgreens Mail Service.
Refills cannot be transferred from other pharmacies.
Use black ink only. Enclose form with prescription(s) and payment.

Customer Care Center:

1-866-877-2392 (TTY: 1-800-925-0178)

Monday-Friday: 8:00 a.m.-10:00 p.m. (Eastern)

Saturday-Sunday: 8:00 a.m.-5:00 p.m. (Eastern)

Refills by Phone:

1-800-RX-REFILL (1-800-797-3345)

(en español: 1-800-778-5427)

Internet:

www.walgreensmail.com/medicarerx

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