



Home Delivery Registration & Prescription Order Form



173PARTHMPDPAR002

Prescription Drug Plan: PHP Care Complete FIDA-IDD (Medicare-Medicaid Plan)

Intercom: PARTHMPD

UPI#: PAR002

Use this form to register & submit your first prescription order. You can also register at 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 (●).

BENEFICIARY INFORMATION: Not all ID and Group Number boxes may be needed.

Beneficiary ID Number (Located on card)

[Grid for Beneficiary ID Number]

Suffix (if on card)

[Grid for Suffix]

Group Number

[Grid for Group Number]

Rx BIN

[Grid for Rx BIN: 0 1 2 3 5 3]

Rx PCN

[Grid for Rx PCN: 0 6 4 8 0 0 0 0]

Email Address (To receive information regarding the processing of your order)

[Grid for Email Address]

Last Name

[Grid for Last Name]

First Name

Cell Phone

[Grid for Cell Phone]

Permanent Address Line 1

[Grid for Permanent Address Line 1]

Work Phone

[Grid for Work Phone]

Permanent Address Line 2

[Grid for Permanent Address Line 2]

Home Phone

[Grid for Home Phone]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

Government ID†

[Grid for Government ID]

Male  Female

Date of Birth [MM/DD/YYYY]

[Grid for Date of Birth]

Prescriber Last Name

[Grid for Prescriber Last Name]

Prescriber First Initial

[Grid for Prescriber First Initial]

Prescriber Phone

[Grid for Prescriber Phone]

Prescriber Fax

[Grid for Prescriber Fax]

†Most states require ID (driver's license, state ID number, social security number, military ID or passport ID) for controlled Rx substances by law.

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For separate shipping, please contact the Customer Care Center toll free at 800-489-2197 TTY 800-925-0178.

**BENEFICIARY Allergies**

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

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**Health Conditions**

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

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**Order Preferences**

- Large-print vial labels
- Spanish vial labels

**Payment Options:** Please do not send cash.

**\*\*Please do not send cash\*\*** Checks and credit cards are accepted.

Checks should be made payable to AllianceRx Walgreens Prime.

AllianceRx Walgreens Prime accepts Visa, MasterCard, Discover and American Express.

Please visit [alliancerxwp.com/home-delivery](http://alliancerxwp.com/home-delivery) to create an account and pay by credit card.

You can also call the Customer Care Center for assistance at 800-489-2197, TTY 800-925-0178

**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.**

It is our practice to substitute generic equivalents for brand-name medications. AllianceRx Walgreens Prime will dispense a generic equivalent if it's available and permitted by your prescriber. If you do not want a generic equivalent or have questions regarding your home delivery prescription(s), please call the Customer Care Center at 800-489-2197, TTY 800-925-0178.

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<sup>†</sup>) \$     .
- 2<sup>nd</sup> Business Day (\$12.95<sup>†</sup>) \$     .

Total Payment Due ..... \$     .

**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

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