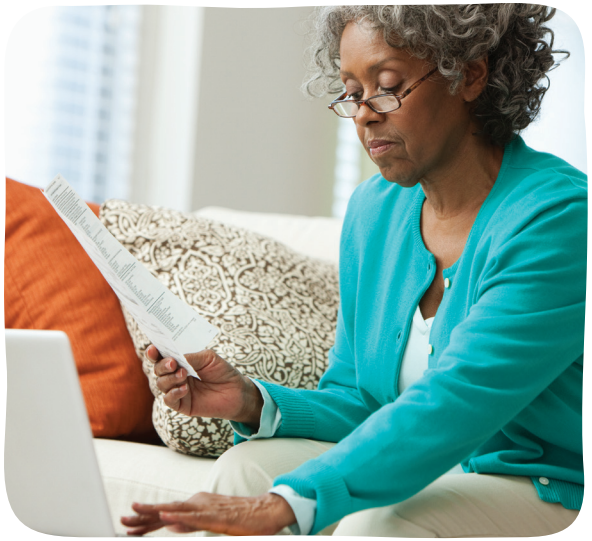

Savings with Generics

Generic medications offer the same benefits as their brand-name counterparts and may cost less. We review every prescription order to see if there is a less-expensive generic medication available. It is our practice to substitute generic equivalents for brand-name medications. Walgreens Mail Service 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 mail service prescription(s), please call our Customer Care Center.

Privacy and security

The information you provide us is kept confidential in accordance with HIPAA and other applicable state privacy laws. In addition, we use technology that is designed for use with secure Web servers. This technology ensures that your personal, health, prescription and credit card information cannot be accessed when submitted over the Internet.

Mail prescriptions to:
Walgreens Mail Service
P.O. Box 29061
Phoenix, AZ 85038-9061

Walgreens Customer Care Center
800-345-1985
TTY: 800-573-1833

Hours of operation:
24 hours a day, 7 days a week

For more information, visit:
Walgreens.com/MailService

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WI0437-1017

Walgreens
AT THE CORNER OF HAPPY & HEALTHY™

MAIL SERVICE PHARMACY

Medication delivery for the members of:

SHEET METAL | AIR | RAIL | TRANSPORTATION
SMART®

Walgreens
AT THE CORNER OF HAPPY & HEALTHY™

Your pharmacy benefit includes mail service, offering you convenient delivery of your maintenance medications from Walgreens Mail Service to the location of your choice.

Maintenance medications are used to treat chronic (long-term) conditions. You may receive up to a three-month supply or the maximum allowed by your plan.

Getting Started

It's easy to register and order your first prescription.

Online: Register at Walgreens.com/mailservice. From the registration confirmation page, follow the instructions to submit your new prescription.

By mail: Complete the registration form included with your enrollment packet. Mail the form along with your original prescription.

By phone: Call our Customer Care Center and have your insurance information handy.

Additional ordering options after registration. Ask your prescriber to fax or e-prescribe your new prescription.*

- **Fax:** Use the enclosed fax form or log in to your online account to print a prescriber fax form. Give the form to your prescriber to complete and fax to the number listed on the form.
- **E-prescribe:** If your prescriber has the technology to submit prescriptions electronically, request that he or she do so.

If you need your medication right away. Request two prescriptions from your prescriber: one for an initial short-term supply (e.g., 30-day supply or the amount allowed by your plan) that your local pharmacy can fill immediately and one for a 90-day supply with three refills (or the maximum amount allowed by your plan) for your doctor to submit to Walgreens Mail Service.

*By law, prescription fax forms and e-prescriptions are valid only if sent from a prescriber's office.

Free standard shipping. Please allow 10 business days from the time you place your order until you receive it at the address you specified.

Convenient Auto Refills

For an added convenience, you can choose to have your refills processed automatically. All you need to do is check the Automatic Refill option on your order form. We will process your order and bill the credit card you placed on file with us.

Please note: By law, medications cannot be returned once they are dispensed from our pharmacy. If you need to cancel or modify your next Automatic Refill, notify us three weeks prior to your next refill date. Doing so may allow you to avoid unnecessary charges.

Flexible Payment Options

Payment in full—by credit card or check—is required with every prescription order. We accept all major credit cards. For your convenience, we can keep your credit card on file for future orders by adding it to your secure online account. Simply complete the fields on your registration form or call our Customer Care Center.

Walgreens

Mail Service Registration & Prescription Order Form

991SMARTINTSMT001

Prescription Drug Plan: SMART

Use this form to register/submit your first prescription order. You can also register at Walgreens.com/MailService. 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] / /

Intercom: SMARTINT **UPI#: SMT001**

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)*

PCN *(Located on card)*

Group Number *(Located on card)*

Last Name

First Name

Cell Phone – –

Text Msg* ○ Yes ○ No

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
○ Aspirin	○ Arthritis	○ Large-print vial labels
○ Cephalosporin	○ Asthma	○ Spanish vial labels
○ Codeine derivatives	○ Diabetes	○ Automatic refill‡
○ Morphine derivatives	○ Glaucoma	
○ Penicillin	○ Heart disease	*‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.*
○ Sulfa drugs	○ Hypertension	
○ None known	○ Pregnancy	
○ Other *(Use lines below)*	○ Thyroid disease	
_____	○ None known	_____
_____	○ Other *(Use lines at right)*	_____

Payment Options

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

Checks should be made payable to Walgreens Mail Service

Walgreens accepts Visa, MasterCard, Discover and American Express.

Please visit www.Walgreens.com/Mailservice 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.

**Standard text message and data rates may apply.*

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

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992SMARTINTSMT001

DEPENDENT INFORMATION

○ Male
○ Female

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

For separate shipping, please contact the Customer Care Center toll free at 800-345-1985.

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

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

Health Conditions

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

Order Preference

○ Large-print vial labels
○ Spanish vial labels

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 Walgreens (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:

Walgreens Mail Service
P.O. Box 29061
Phoenix, AZ 85038-9061

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Walgreens

Mail Service Prescriber Fax Form

Prescription Drug Plan: SMART

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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 Walgreens Mail Service. You can register online at **Walgreens.com/MailService** or by mail using the form included in your enrollment kit.

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 Walgreens Mail Service at 800-332-9581. 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.

Send eRx prescriptions to: Walgreens Mail Service
Store #03397
8350 S River Pkwy
Tempe, AZ 85284-2615

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

Medication	Strength	Directions	QTY	# of Refills	DAW
					☐
					☐

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

Prescriber Signature _____ Prescriber Signature _____

❑ Dispense as written Brand medically necessary ❑ Generic substitution permitted

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 faxed 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.

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