



An Independent Licensee of the Blue Cross and Blue Shield Association

## Mail Service Pharmacy Convenient, Reliable Delivery



Provided by  
*Walgreens*  
Mail Service

## Walgreens Mail Service

Easy and convenient, your prescription benefit includes the use of Walgreens Mail Service. Choosing mail service allows you to enjoy delivery of your medications to the location of your choice.

### Benefits of Mail Service

- Easy registration and ordering
- Quick delivery of medications in confidential, tamper-evident packaging; free standard shipping
- Important medication information included with every order
- Access to a pharmacist 24/7
- Our Customer Care Center offers:
  - Order, billing and shipping assistance
  - Technology for the deaf or hard of hearing
  - Over-the-phone translation services in more than 150 languages
- Auto Refill option
- Online account management and support

### Safe and Accurate Prescription Orders

Our mail service pharmacies use advanced technology to help ensure accuracy. In addition, all prescription orders are carefully checked for potential medication interactions and correct dosage amounts. If necessary, our pharmacists will contact your prescriber with questions or concerns.

## Save With Generic Medications

Generic medications offer the same benefits as their name-brand counterparts and usually cost significantly less. We review every prescription order to see if a less-expensive generic medication is available. Unless otherwise noted by your prescriber or state law, we will dispense an FDA-approved generic equivalent when available to help save you money. If you do not want a generic equivalent, please call our Customer Care Center at 866-611-5961 to advise.

### The Walgreens Advantage

Because all of our retail and mail service pharmacies are electronically linked, any Walgreens pharmacist can answer your medication questions or fill an emergency prescription.

### Getting Started

#### Register

Select one of the following options to register with Walgreens Mail Service. The information you provide is kept confidential and private in accordance with HIPAA and other applicable state privacy laws.

- **Online:** Visit [www.walgreensmail.com/wellmark](http://www.walgreensmail.com/wellmark). Select the Register now option to set up your account, fill in the required information, include your email address, and submit. We will activate your account within 48 hours. After establishing your account, you can order refills, check order status, view and print your prescription history, view your account balance, make payments, and receive secure information about your prescription order. We encourage you to establish an online account for all eligible family members.

- **Fax\***: Give your prescriber your completed Prescriber Fax Form to provide the Prescription Information section and fax it to the number listed on the form.
- **Mail**: Complete the Registration and Prescription Order Form included in your enrollment kit to submit with your first prescription.
- **Phone**: Call the Customer Care Center at 866-611-5961. You will be asked to provide your personal and insurance information, and report any allergies or health conditions you may have. (Toll-free numbers for Spanish-speaking, deaf, and hard-of-hearing callers are on the back panel of this brochure.)

### Submit Your First Prescription Order

If you need to start taking your medication right away, request two prescriptions from your prescriber: one for an initial short-term supply of your medication (e.g., a 30-day supply or the amount allowed by your plan) that your local retail pharmacy can fill immediately, and a second for a 90-day supply, including three refills (or the maximum amount allowed by your plan). To maximize your pharmacy benefit and save money, ask your prescriber to write your prescription to allow for generic substitution.

Because we require the original written prescription from your prescriber to dispense and fulfill your medication, your first prescription may not be ordered online or by phone.

Select one of the following prescription order options:

- **E-prescribe\***: If your prescriber has the technology to electronically prescribe medications, request that your refill be submitted in this way.
- **Fax\***: Give your prescriber your completed Prescriber Fax Form to provide the Prescription Information section and fax it to the number listed on the form. If you have not already registered with Walgreens Mail Service, this form will combine your registration and first order into one step.
- **Mail**: Mail your completed Registration and Prescription Order Form along with your original prescription and copy.

Please allow 10 business days from the time that you place your order to receive your prescription(s).

To automatically receive refills of your medications, select the Auto Refill option on either the Prescriber Fax Form or Registration and Prescription Order Form. We will automatically refill your prescription at the appropriate time and bill the credit card you place on file. As medications may not be returned, if there is a change to your prescription, or to discontinue Auto Refill, please notify the Customer Care Center two weeks prior to your next refill date to avoid potential shipping and prescription charges.

## Order Prescription Refills

To help ensure that your medication is ordered and received when you need it, each prescription order will contain a Refill Order Form and New Prescription and Update Information Form. In addition, each order will contain information regarding the earliest date that you can order a refill and the number of refills remaining on your prescription. If you selected Auto Refill, you will automatically receive your refill shipment at the appropriate time. If there are no refills remaining or your prescription is expired, you will also receive a Prescription Renewal Form in your prescription order. Give your prescriber your completed Prescription Renewal Form to provide the Prescription Information section and fax it to the number on the form.\* In the event that your prescription, billing, or shipping information has changed, please complete and submit the New Prescription and Update Information Form.

Select one of the following prescription refill options:

- **Online:** Once you've registered online at [www.walgreensmail.com/wellmark](http://www.walgreensmail.com/wellmark) simply select the Order Refills Online option.
- **E-prescribe\*:** If your prescriber has the technology to electronically prescribe medications, request that your refill be submitted in this way.
- **Fax\*:** Give your prescriber your completed Prescriber Fax Form to provide the Patient Prescription Information section and fax it to the number listed on the form.

- **Mail:** Complete the Refill Order Form enclosed with your shipment and mail along with your copay.
- **Phone:** Call 800-797-3345. (Toll-free numbers for Spanish-speaking, deaf, and hard-of-hearing callers are on the back panel of this brochure.) Our 24-hour automated telephone system guides you through the refill-ordering process. Be sure to have your prescription number available.

## Payment Information

We require payment with every prescription order. Shipment of your medication may be delayed if we do not receive payment in full at time of order or if your forms are not filled out completely. To make quick and secure online payments using your credit card, you will need to set up an online account at [www.walgreensmail.com/wellmark](http://www.walgreensmail.com/wellmark). You may also make a payment by mailing a personal check or credit card information with your order, or by calling the Customer Care Center with your credit card information. If you'd like, we will keep your credit card information securely on file and charge current and future prescription orders to it. We accept all major credit cards.

Note: The Registration and Prescription Order Form and Prescriber Fax Form are available online at [www.walgreensmail.com/wellmark](http://www.walgreensmail.com/wellmark).

\*By law, faxed and e-prescribed prescriptions are valid only if sent from a prescriber's office.

For more information, visit  
[www.walgreensmail.com/wellmark](http://www.walgreensmail.com/wellmark)

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

Walgreens Customer Care Center  
866-611-5961  
Monday through Friday,  
7:00 a.m. to 9:00 p.m. (Central),  
Saturday and Sunday,  
7:00 a.m. to 4:00 p.m. (Central)

En español: 800-778-5427  
TTY: 800-573-1833

**Walgreens Mail Service**  
**Registration and Prescription Order Form**  
**Wellmark Blue Cross and Blue Shield**

To quickly register, visit [www.walgreensmail.com/wellmark](http://www.walgreensmail.com/wellmark).

Please print clearly using only **BLACK INK** and **UPPERCASE** letters.



193000WELLMWLM001

Fill in the applicable circles completely (●). Not all Group and ID number boxes may be needed.

**Member Information**  Male  Female Date of Birth [MM/DD/YYYY]  /  /  Intercom: WELLM UPI#: WLM001

Member ID Number (located on card)  Suffix (if on card)  Group Number **W E L L R X**

Email Address (to receive information regarding the processing of your order)  Daytime Phone  -  -

Last Name  First Name  Evening Phone  -  -

Permanent Address 1

Permanent Address 2

City  State  ZIP Code

Prescriber Last Name  Prescriber First Initial

Prescriber Phone  -  -  Prescriber Fax  -  -

**Dependent Information**  Male  Female Date of Birth [MM/DD/YYYY]  /  /

Dependent Last Name  Dependent First Name

Suffix (if on card)  Prescriber Last Name  Prescriber First Initial

Prescriber Phone  -  -  Prescriber Fax  -  -

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

For separate shipping, please contact the Customer Care Center at 866-611-5961.

Please Complete			
Member	Dependent	Allergies	Health Conditions
<input type="radio"/>	<input type="radio"/>	Aspirin	<input type="radio"/> Arthritis
<input type="radio"/>	<input type="radio"/>	Cephalosporin	<input type="radio"/> Asthma
<input type="radio"/>	<input type="radio"/>	Codeine derivatives	<input type="radio"/> Diabetes
<input type="radio"/>	<input type="radio"/>	Morphine derivatives	<input type="radio"/> Glaucoma
<input type="radio"/>	<input type="radio"/>	Penicillin	<input type="radio"/> Heart disease
<input type="radio"/>	<input type="radio"/>	Sulfa drugs	<input type="radio"/> Hypertension
<input type="radio"/>	<input type="radio"/>	None known	<input type="radio"/> Pregnancy
<input type="radio"/>	<input type="radio"/>	Other (Use lines below.)	<input type="radio"/> Thyroid disease
			<input type="radio"/> None known
			<input type="radio"/> Other (Use lines at left.)
Order Preference			
<input type="radio"/>	<input type="radio"/>	Easy-open caps	<input type="radio"/> Spanish vial labels
<input type="radio"/>	<input type="radio"/>	Large-print vial labels	<input type="radio"/> Auto Refill*

\*only applies if mailing in enrollment form with a prescription enclosed





# Prescriber Fax Form Wellmark Blue Cross and Blue Shield

Intercom: WELLM  
UPI#: WLM001



Please print clearly using only **BLACK INK** and **UPPERCASE** letters.  
**Fill in the applicable circles completely (●).**

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## MEMBER SECTION

Use this form to have your prescriber submit a medication order or, if you are not yet registered for mail service, you can use this form to register and place your first order. After completing the member and/or dependent, shipping, and payment information, give both pages of the form to your prescriber to complete and fax. Credit card information is required to process your order. **Only faxes sent from a prescriber's office are valid.**

To automatically receive refills of your medications, select Auto Refill. By selecting this option, we automatically refill the prescription(s) at the appropriate time and bill your credit card on file. Most plans allow the convenience of Auto Refill. Check with your plan administrator to see if this is an option for you. As medications may not be returned, if there is a change to your prescription(s), or to discontinue Auto Refill, please notify the Customer Care Center two weeks prior to your next refill date to avoid prescription charges.

### Member Information

Must be completed for each fax order.

Male     Female    Date of Birth [MM/DD/YYYY] \_\_\_\_\_

Member ID Number (located on card) \_\_\_\_\_ Suffix (if on card) \_\_\_\_\_ Group Number **W E L L R X**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Email Address (to receive information regarding the processing of your order) \_\_\_\_\_

### Dependent Information

Complete only if a prescription is included for the dependent.

Male     Female

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

Suffix (if on card) \_\_\_\_\_

Group Number **W E L L R X**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Email Address (to receive information regarding the processing of your order) \_\_\_\_\_

### Please Complete To Register

Note: If already registered, indicate any changes to member or dependent allergy and health conditions.

Member	Dependent	Allergies	Member	Dependent	Health Conditions
<input type="radio"/>	<input type="radio"/>	Aspirin	<input type="radio"/>	<input type="radio"/>	Arthritis
<input type="radio"/>	<input type="radio"/>	Cephalosporin	<input type="radio"/>	<input type="radio"/>	Asthma
<input type="radio"/>	<input type="radio"/>	Codeine derivatives	<input type="radio"/>	<input type="radio"/>	Diabetes
<input type="radio"/>	<input type="radio"/>	Morphine derivatives	<input type="radio"/>	<input type="radio"/>	Glaucoma
<input type="radio"/>	<input type="radio"/>	Penicillin	<input type="radio"/>	<input type="radio"/>	Heart disease
<input type="radio"/>	<input type="radio"/>	Sulfa drugs	<input type="radio"/>	<input type="radio"/>	Hypertension
<input type="radio"/>	<input type="radio"/>	None known	<input type="radio"/>	<input type="radio"/>	Pregnancy
<input type="radio"/>	<input type="radio"/>	Other (Use lines below)	<input type="radio"/>	<input type="radio"/>	Thyroid disease
		_____	<input type="radio"/>	<input type="radio"/>	None known
		_____	<input type="radio"/>	<input type="radio"/>	Other (Use lines at left)
		_____			

For separate shipping, please contact the Customer Care Center at 866-611-5961.

### Order Preference

Easy-open caps      Spanish vial labels

Large-print vial labels      Auto Refill

**Shipping Information**

Must be completed by member. Please allow 10 business days for delivery from the date your prescriber faxes in your prescription(s). A refill order form and return envelope will be included with your shipment.



Total number of prescriptions in this order   Total included for copay(s) \$

- Regular Shipping
- Next Business Day (\$17.95) \$
- 2nd Business Day (\$10.95) \$

**NO CHARGE**

A refill order form and return envelope will be included with your shipment.

Total payment charged to credit card \$

*Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.*

**Payment Information**

Must be completed by member.

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

- Charge credit card on file
- 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 SECTION**

**IMPORTANT NOTICE:** It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens Mail Service will dispense an FDA-approved generic equivalent if available, permitted by your prescriber, and allowed by state law. If you do not want a generic equivalent or have questions regarding your mail service prescription(s), please call our Customer Care Center at 866-611-5961.

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 refills under your benefit plan.

**Prescription Information—MUST BE COMPLETED AND SIGNED BY PRESCRIBER. FAX NOT VALID FOR CII PRESCRIPTIONS.**

Complete the prescription information and fax **BOTH** pages of the form to **Walgreens Mail Service at 800-332-9581**. Most prescription drug plans allow up to a 90-day supply with three refills.

Name of Patient \_\_\_\_\_ Date of Birth [MM/DD/YYYY] \_\_\_\_\_

	Drug Name	Strength	Directions	Qty.	# of Refills	DAW
Rx 1						<input type="checkbox"/>
Rx 2						<input type="checkbox"/>
Rx 3						<input type="checkbox"/>

Prescriber Signature \_\_\_\_\_

NPI# \_\_\_\_\_ DEA# \_\_\_\_\_

*Required For Controlled Substances*

Prescriber Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Prescriber Phone ( ) \_\_\_\_\_ Prescriber Fax ( ) \_\_\_\_\_

Confidential Health Information: Health care information is personal information related to a person's health care. 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. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure 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.