Mail Service Registration & Prescription Order Form

PrimeMail®
by Walgreens
Mail Service

Prescription Drug Plan: Blue Cross and Blue Shield of Texas

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

PATIENT INFORMATION

○ Male
○ Female

Patient ID Number (Located on card)

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

Intercom: TXBC UPI#: TXBC01

Suffix (If on card)

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

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

State ZIP Code

City

Government ID (Most states require ID for controlled Rx substances by law)†

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

Prescriber Fax

PATIENT

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 at right)

Order Preference

○ Large-print vial labels
○ Spanish vial labels

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/PrimeMail 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 877-357-7463.

*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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**DEPENDENT INFORMATION**

- Male
- Female

**Date of Birth (MM/DD/YYYY)**

**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**

**Allergies**

- Aspirin
- Cephalosporin
- Codeine derivatives
- Morphine derivatives
- Penicillin
- Sulfur 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

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**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**
- **Total included for copay(s)**

- [ ] Standard Shipping
- [ ] Next Business Day ($19.95†)
- [ ] 2nd Business Day ($12.95†)

**Total Payment Due**

† 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

For separate shipping, please contact the Customer Care Center toll free at 877-357-7463.

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