

Mail Service Pharmacy Tips

- Complete attached registration form. You may also register yourself (and dependents, if applicable) at www.mywhi.com.
- New prescriptions must be mailed to the mail service pharmacy.
- For long-term medications you need right away: ask your doctor for two prescriptions—one for a small supply to fill at a participating retail pharmacy, and one for a long-term supply to fill through the mail.
- If two or more prescriptions are sent in for multiple family members, the prescriptions will be shipped, as a single order, to an adult family member at the address given on the order form. If you prefer different shipping arrangements for privacy or other reasons, please contact Customer Service.
- Most orders are shipped by U.S. Postal Service. Controlled substances may require an adult signature upon receipt. Packaging does not show any indication that medications are enclosed.
- Allow 2 weeks for delivery.
- Emergency prescriptions can be shipped overnight. Please call Customer Service.
- Include payment, if applicable to avoid any delays. Please do not send cash.
- Make checks payable to Walgreens Healthcare Plus. Credit cards accepted.
- Refills cannot be transferred from other pharmacies. Request a new prescription from your doctor.

Mail Pharmacy Customer Service:

1-888-265-1953 (TTY: 1-800-573-1833)

Monday–Friday, 7:00 a.m. – 7:00 p.m. (Mountain)

Saturday, 7:00 a.m. – Noon (Mountain)

Refills by Phone:

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

(en español: 1-800-778-5427)

Internet:

www.mywhi.com

cut here ✂

Walgreens
Healthcare Plus
Northwestern University



RxGrp 514751 Int +WHI UPI WHP528

REGISTRATION & PRESCRIPTION ORDER FORM

Use black ink only. Enclose form with prescription(s) and payment.

| | | | | | |
|---|---|--|--|------------|----------|
| MEMBER INFO. | | Suffix extension <input type="checkbox"/> Patient needs snap-on caps | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> <input type="text"/> | if on ID card | <input type="checkbox"/> Patient needs Spanish vial labels | | |
| ID Number (Important - copy from ID card) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| Name (First, Last) | | Date of Birth (MM/DD/YYYY) | | | |
| <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| Shipping Address (Please do not use P.O. Box) | | Daytime Phone | | | |
| <input type="text"/> | | <input type="text"/> <input type="text"/> | | | |
| City | State | ZIP Code | Evening Phone | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | | |
| E-mail Address | | Dr. Name | Dr. Phone (Required) | | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> <input type="text"/> | | |
| ALLERGIES: | | <input type="checkbox"/> No known | <input type="checkbox"/> 32-Codeine | | |
| <input type="checkbox"/> 87-Sulfa | <input type="checkbox"/> 93-Tetracycline | <input type="checkbox"/> Other (list): | <input type="checkbox"/> 70-Penicillin | | |
| HEALTH CONDITIONS: | | <input type="checkbox"/> No known | <input type="checkbox"/> 200-Diabetes | | |
| <input type="checkbox"/> 400-Heart disease | <input type="checkbox"/> 500-Glaucoma | <input type="checkbox"/> 600-Stomach disorders | <input type="checkbox"/> 300-Hypertension | | |
| <input type="checkbox"/> 700-Thyroid disease | <input type="checkbox"/> 800-Arthritis | <input type="checkbox"/> Other (list): | | | |
| PAYMENT – CHECK OR CREDIT CARD (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS) | | | | | |
| It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Healthcare Plus will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Service number to advise. | | Rx Type | No. | Cost (ea.) | Subtotal |
| | | Generic | | \$15.00 | \$ |
| | | Preferred Brand | | \$30.00 | \$ |
| | | Non-Preferred Brand | | \$50.00 | \$ |
| | | | | | \$ |
| | | TOTAL AMOUNT ENCLOSED | | | \$ |
| Credit Card Number | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| Credit Card Expiration (MM/YY) | | Signature (for credit card) | | | |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | | <input type="text"/> | | | |
| Mail to: Walgreens Healthcare Plus P.O. Box 29061, Phoenix, AZ 85038-9061 | | | | | |

cut here ✂

Complete dependent info. on the other page of this form.



12100000WHIWHP528

| | | | | |
|--|-------|---|---|--|
| DEPENDENT INFO. | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> <input type="text"/> Suffix extension if on ID cards | <input type="checkbox"/> Patient needs snap-on caps |
| | | | | <input type="checkbox"/> Patient needs Spanish vial labels |
| Name (First, Last) | | | Date of Birth (MM/DD/YYYY) | |
| | | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Shipping Address (if different than member) | | | Daytime Phone | |
| | | | () | |
| City | State | ZIP Code | Evening Phone | |
| | | | () | |
| E-mail Address | | Dr. Name | Dr. Phone (Required) | |
| | | | () | |
| ALLERGIES: | | <input type="checkbox"/> No known | <input type="checkbox"/> 32-Codeine | <input type="checkbox"/> 70-Penicillin |
| <input type="checkbox"/> 87-Sulfa | | <input type="checkbox"/> 93-Tetracycline | <input type="checkbox"/> Other (list): | |
| HEALTH CONDITIONS: | | <input type="checkbox"/> No known | <input type="checkbox"/> 200-Diabetes | <input type="checkbox"/> 300-Hypertension |
| <input type="checkbox"/> 400-Heart disease | | <input type="checkbox"/> 500-Glaucoma | <input type="checkbox"/> 600-Stomach disorders | |
| <input type="checkbox"/> 700-Thyroid disease | | <input type="checkbox"/> 800-Arthritis | <input type="checkbox"/> Other (list): | |
| DEPENDENT INFO. | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> <input type="text"/> Suffix extension if on ID cards | <input type="checkbox"/> Patient needs snap-on caps |
| | | | | <input type="checkbox"/> Patient needs Spanish vial labels |
| Name (First, Last) | | | Date of Birth (MM/DD/YYYY) | |
| | | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Shipping Address (if different than member) | | | Daytime Phone | |
| | | | () | |
| City | State | ZIP Code | Evening Phone | |
| | | | () | |
| E-mail Address | | Dr. Name | Dr. Phone (Required) | |
| | | | () | |
| ALLERGIES: | | <input type="checkbox"/> No known | <input type="checkbox"/> 32-Codeine | <input type="checkbox"/> 70-Penicillin |
| <input type="checkbox"/> 87-Sulfa | | <input type="checkbox"/> 93-Tetracycline | <input type="checkbox"/> Other (list): | |
| HEALTH CONDITIONS: | | <input type="checkbox"/> No known | <input type="checkbox"/> 200-Diabetes | <input type="checkbox"/> 300-Hypertension |
| <input type="checkbox"/> 400-Heart disease | | <input type="checkbox"/> 500-Glaucoma | <input type="checkbox"/> 600-Stomach disorders | |
| <input type="checkbox"/> 700-Thyroid disease | | <input type="checkbox"/> 800-Arthritis | <input type="checkbox"/> Other (list): | |

cut here ✂

cut here ✂

Mail Service Pharmacy Order Form

New Prescription Orders



Providing convenience for your prescription drug needs...

Walgreens
HEALTH
INITIATIVES

Mail Pharmacy Customer Service:

1-888-265-1953

(TTY: 1-800-573-1833)

Monday-Friday, 7 a.m. – 7 p.m. (Mountain)

Saturday, 7 a.m. – Noon (Mountain)

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

Thank you for your order.