



Prescription Drug Plan: Blue Cross & Blue Shield of Rhode Island

Use this form to register/submit your first prescription order. You can also register online. Start the process at bcbsri.com. **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] / /

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
<input type="radio"/> Aspirin <input type="radio"/> Cephalosporin <input type="radio"/> Codeine derivatives <input type="radio"/> Morphine derivatives <input type="radio"/> Penicillin <input type="radio"/> Sulfa drugs <input type="radio"/> None known <input type="radio"/> Other (Use lines below) <input type="text"/> <input type="text"/>	<input type="radio"/> Arthritis <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Glaucoma <input type="radio"/> Heart disease <input type="radio"/> Hypertension <input type="radio"/> Pregnancy <input type="radio"/> Thyroid disease <input type="radio"/> None known <input type="radio"/> Other (Use lines at right) <input type="text"/> <input type="text"/>	<input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels <input type="text"/> <input type="text"/>

Payment Options

****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.

To pay by credit card, please visit bcbsri.com. Click on 'My Pharmacy Benefits Manager' to start the process.

You can also call the Customer Care Center for assistance at 855-457-1204.

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



DEPENDENT INFORMATION

- Male
- Female

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

For separate shipping, please contact the Customer Care Center toll free at 855-457-1204.

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		Health Conditions			Order Preference	
<input type="radio"/> Aspirin	<input type="radio"/> Penicillin	<input type="radio"/> Arthritis	<input type="radio"/> Heart disease	<input type="radio"/> None known	<input type="radio"/> Large-print vial labels	<input type="radio"/> Spanish vial labels
<input type="radio"/> Cephalosporin	<input type="radio"/> Sulfa drugs	<input type="radio"/> Asthma	<input type="radio"/> Hypertension	<input type="radio"/> Other		
<input type="radio"/> Codeine derivatives	<input type="radio"/> None known	<input type="radio"/> Diabetes	<input type="radio"/> Pregnancy	(Use lines below)		
<input type="radio"/> Morphine derivatives	<input type="radio"/> Other (Use lines below)	<input type="radio"/> Glaucoma	<input type="radio"/> Thyroid disease			

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 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
- Next Business Day (\$19.95 †)
- 2nd Business Day (\$12.95 †)

NO CHARGE

\$ [] [] [] []
\$ [] [] [] []

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:

AllianceRx Walgreens Prime
P.O. Box 29061
Phoenix, AZ 85038-9061

Prime Therapeutics LLC is an independent pharmacy benefit management company, contracted by Blue Cross & Blue Shield of Rhode Island (BCBSRI) to provide pharmacy benefit management services.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

Walgreens Mail Service is an independent pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross & Blue Shield of Rhode Island.