allianceRx Walgreens + PRIME

Home Delivery Prescriber Fax Form

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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 AllianceRx Walgreens Prime.

You can register online at alliancerxwp.com/home-delivery.

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 **AllianceRx Walgreens Prime** at **800-332-9581.**

Transmit eRx prescriptions to: AllianceRx Walgreens Prime-MAIL-AZ
Mail Order Store #03397 | 8350 S River Pkwy, Tempe, AZ 85284-2615

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

	Medication	Strength	Directions	Qty.	# of Refills
Rx 1					

	Medication	Strength	Directions	Qty.	# of Refills
Rx 2					

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.

Date _____

Prescriber Signature _____

❑ Dispense as written Brand medically necessary ❑ Generic substitution permitted

NPI# _____ DEA# _____
Required for Controlled Substances

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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