

REGISTRATION & PRESCRIPTION ORDER FORM

Please **PRINT** clearly using **UPPERCASE** letters. Use only black ink. Enclose this form with your mail service prescription. A reorder form and envelope will be included with each delivery.



PINAL/GILA LONG TERM CARE

GROUP NO.: PCL INTERCOM: PCLTC UPI: PCL001

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AHCCCS ID NUMBER (VERY IMPORTANT - COPY FROM ID CARD)

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.

Please complete both pages of this form.

#1 MEMBER INFORMATION		
Name (First, Last)		
E-mail Address		
Date of Birth (MM/DD/YYYY) <input type="checkbox"/> Male		
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Female		
Address (please do not use P.O. Box)		
City	State	ZIP Code
Daytime Phone ()	Evening Phone ()	
ALLERGIES: <input type="checkbox"/> 70-Penicillin <input type="checkbox"/> Other (list): <input type="checkbox"/> No Known <input type="checkbox"/> 87-Sulfa <input type="checkbox"/> 32-Codeine <input type="checkbox"/> 93-Tetracycline		
HEALTH CONDITIONS: <input type="checkbox"/> No Known <input type="checkbox"/> 200-Diabetes <input type="checkbox"/> 600-Stomach Disorders <input type="checkbox"/> 300-Hypertension <input type="checkbox"/> 700-Thyroid Disease <input type="checkbox"/> 400-Heart Disease <input type="checkbox"/> 800-Arthritis <input type="checkbox"/> 500-Glaucoma <input type="checkbox"/> Other (list):		
<input type="checkbox"/> Check if prescription(s) enclosed for this patient.		
Dr. Name (print)	Dr. Phone (very important)	
	()	
<input type="checkbox"/> Check if this patient needs snap-on caps.		

IMPORTANT

It is standard pharmacy practice to substitute generic equivalents for brand drugs whenever possible.

This form should be used only for ordering maintenance medications (excluding over the counter items) as covered by Pinal/Gila Long Term Care. Non-covered items submitted will be returned unfilled.

No. of Rx's enclosed	Cost (each)	Subtotal
	\$0.00	\$0.00
No Copay Required		\$0.00

IMPORTANT - Please Note:
If you have insurance that pays for your prescription in addition to your Pinal/Gila Long Term Care coverage, please continue to use your local pharmacy. A split billing is currently not available with your mail service benefit.

Walgreens Healthcare Plus P.O. Box 29061, Phoenix, AZ 85038-9061

CUSTOMER SERVICE: 1-800-345-1985

(TTY for hearing impaired: 1-800-573-1833)

REFILLS BY PHONE: 1-800-RX-REFILL (797-3345)

(en español: 1-800-778-5427)

Thank you for your order. Please allow two weeks for delivery from the date you mail your order