



Prescription Drug Plan: Blue Cross and Blue Shield of Florida

Use this form to register/submit your first prescription order. You can also register at [alliancerxwp.com/home-delivery](http://alliancerxwp.com/home-delivery). 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

- 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\*\* Checks and Credits are accepted.

Checks should be made payable to AllianceRx Walgreens Prime

AllianceRx Walgreens Prime accepts Visa, MasterCard, Discover and American Express.

Please visit FL.ExploreMyPlan.com/HomeDeliveryNetwork to create an account and pay by credit card.

You can also call the Customer Care Center for assistance at 1-800-391-1886.

\*Standard text message and data rates may apply.

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

