

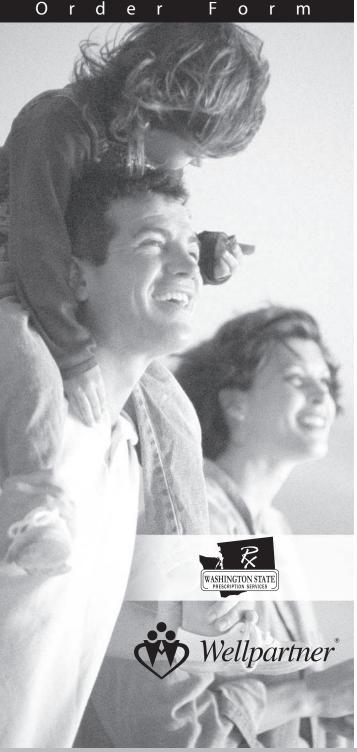
#### Instructions

Please complete this form and return it to Wellpartner, P.O. Box 5909, Portland, OR 97228-5909. Be sure to enclose your original prescription(s) along with payment information.

- To avoid delays, please complete all sections of this form and mail it with your new prescriptions.
- Please do not send prescriptions to Wellpartner until you want them filled. Upon receipt of your order Wellpartner will fill your prescriptions in accordance with the provisions of your prescription drug plan.
- Make sure the patient's first name, last name, address and date of birth are printed on each prescription.
- If there are multiple doctors listed on a prescription, circle or clearly mark the doctor that wrote each prescription.
- Payment is required before your order can be shipped.

Patient Information	Prescription Insurance Information
Last Name	Insurance plan
First Name MI	Group name/number
Date of Birth	ID number
Primary Prescriber	Primary subscriber name
Prescriber Phone #	Relationship to subscriber:   Self   Spouse/Partner
Trescriber Friorie #	☐ Child/Dependent
Allergies (Check all that apply)	Insurance Phone #(refer to back of insurance card)
□ None known □ Aspirin □ Codeine	Please note, your prescriptions will be filled in accordance with
□ Erythromycin □ Penicillin □ Morphine □ Sulfa	your plan limitations. If you have questions, please contact
Other	Washington State Rx Services at 1-888-361-1612.
Other	Payment Information
	□ Credit Card □ Debit Card
Medical Conditions (Check all that apply)	DISCOVER MASSECTORY
☐ None known ☐ Active Ulcer ☐ Arthritis	Card number
☐ Asthma ☐ Congestive Heart Failure ☐ Diabetes	Expiration date
☐ High Blood Pressure ☐ Hyperthyroid	Name on card
☐ Hypothyroid ☐ Kidney Disorder ☐ Liver Disorder	Signature of cardholder
Other	
	Generic Preference / TIP
Shipping Information	See reverse side for our generic policy. Certain drug classes are subject to the Washington State Therapeutic Interchange Program (TIP). Under TIP, the pharmacist may substitute a
☐ Permanent address ☐ Address for this order only Address	less expensive therapeutic alternative for your prescribed drug, with your doctor's permission.
	Safety Cap Preference
City State Zip	Federal Law requires us to dispense your medication with
Daytime Phone	a child-resistant cap. If you do NOT want to receive your
E-mail Address	medications with child-resistant caps, please sign below.
	Signed





# **How to Order**

#### **New Prescriptions**

To avoid delays, please make sure to complete all sections of this form. Then mail it, along with your new prescriptions and payment, to Wellpartner. Ask your health care provider to write your prescription to maximize your prescription drug benefit. Usually, this means your prescription may be written for up to a 90-day supply of your medication. Check your prescription plan for specific coverage information.

Or you may register the information required on this form (or make changes to this information) via our secure website at www.wellpartner.com. **After** registration is complete, your doctor may fax prescriptions to Wellpartner at 1-866-624-5797.

Please do not send prescriptions or have your doctor fax prescriptions to Wellpartner until you want them filled. Unless you notify us differently, Wellpartner will fill your prescriptions for the quantities prescribed by your doctor and allowed by your prescription plan benefit.

## **Shipping Charges**

Standard shipping is FREE on all orders containing prescription items. Orders containing only non-prescription items will be charged a \$5.95 fee for standard shipping.

Next-day and second-day delivery are available for an additional charge.

### **Payment Options**

Payment is required before your order can be shipped. Payment is accepted in the form of a credit card (American Express, Discover, MasterCard or Visa) or a debit card.









#### **Delivery Time**

In most cases your prescription order will arrive within 4 to 7 business days after your order is received by Wellpartner. **Please allow more time for new prescriptions**.

#### **Generic Drugs**

Our pharmacists will substitute a less expensive generic medication for the brand-name medication your doctor prescribed, unless you or your doctor indicate otherwise. We utilize only FDA-approved generic medications that meet rigid quality and equivalence guidelines.

#### Confidentiality

In order to more effectively monitor your prescription drug therapy and better serve you, we have requested personal information such as your date of birth, medical conditions, and known drug allergies. This information, as well as all personal information retained by Wellpartner, is strictly confidential and will only be used to help us provide you with the utmost in pharmacy care.