Reminder: Pharmacy Mail Order Services

Dear IEHP Providers,

As a reminder, IEHP has mail order pharmacy services available for our Members. IEHP offers an alternative way for Members to receive their prescription medications by mail, at the convenience of their own homes.

Please follow the steps below to sign up for prescription medication mail order services:

1. Confirm Member agrees to mail order prescription services

2. Advise the Member to register with Walgreens Mail Service utilizing one of the following methods:
   a. Via web at: Walgreens.com/mailservice
   b. By phone: (800) 345-1985

3. Send a valid prescription to Walgreens Mail Service by one of the following methods:
   a. E-prescribing: Walgreens Mail Service
      Store #03397
      8350 S River Pkwy
      Tempe, AZ 85284-2615
   b. Via fax: complete the Mail Service Prescriber Fax Form attached and fax to: (800) 322-9581.

If you have any additional questions, please feel free to contact us at (909) 890-2049 between 8:00am-5:00pm Monday through Friday. Thank you for your attention to this matter.

Sincerely,
IEHP Pharmaceutical Services
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 Walgreens Mail Service. You can register online at [Walgreens.com/mailservice](http://Walgreens.com/mailservice) or by mail using the form included in your enrollment kit.

**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.

<table>
<thead>
<tr>
<th>Member ID Number (Located on card)</th>
<th>BIN (located on card)</th>
<th>PCN (located on card)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Patient Phone</td>
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</tbody>
</table>

**PRESCRIBER SECTION**

**Prescriber:** Fax this completed form to Walgreens Mail Service at 800-332-9581. 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.

**Patient Name ___________________________**  **DOB [MM/DD/YYYY] ________________________**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Directions</th>
<th>QTY</th>
<th># of Refills</th>
<th>DAW</th>
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**Date _______________________ NPI# _______________________ DEA# _______________________**  **Required for Controlled Substances**

□ Dispense as written  Brand medically necessary  □ Generic substitution permitted

**Prescriber Name (Please print) ___________________________________________**

**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. Redislosure 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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