Prescription Drug Program
Mail Service Form

Mail Order Prescriptions Made Easy!

The Mail Service Enrollment Form is only needed for first time orders, dependents who have been added since the last order, or changes to current information.

To start your Mail Service Benefit, use one of the following convenient steps:

Option 1

Enroll online at **www.myWDRX.com.** Mail your prescriptions to WellDyneRx or have your **prescriber** fax them to us at 888-830-3608.

– OR –

Option 2

Enroll by completing this form and mail it back to WellDyneRx. Include your prescriptions or have your **prescriber** fax them to us at 888-830-3608.

Please Note: Only prescribers may fax prescriptions to a pharmacy.



WellDyneRx
PO Box 4517
Englewood, CO 80155-4517
Toll-Free: 888-479-2000
Toll-Free Fax: 888-830-3608
www.myWDRX.com

MAIL SERVICE ENROLLMENT FORM

Cardholder's Last Name | First Name | Middle Initial | Date of Birth (mm/dd/yy)

Primary Address | City | State | Zip Code

Shipping Address (if different than Primary Address) | City | State | Zip Code

Primary Phone | Secondary Phone

Group Name (Primary) | Group ID# | Member ID#

Group Name (Secondary) | Group ID# | Member ID#

Please Charge My: ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card #: | Expiration Date

Cardholder's Name: | Signature*

***Credit Card Will Be Used For All Future Orders.**

Remember to write your Member I.D. and Date of Birth on your prescriptions.

Once WellDyneRx has received all necessary information, orders will ship within 2 to 3 business days.

PATIENT PROFILE

Member Information

DRUG Allergies

Primary Cardholder's First Name	Date of Birth (M M / D D / Y Y Y Y)	Male/Female(M/F)	None	Amoxicillin	Aspirin	Cephalosporins	Codeine	Erythromycin	Penicillin	Sulfa	Tetracyclines	Other (Please Specify)
Spouse's First Name												
Other Dependent's First Name												
Other Dependent's First Name												
Other Dependent's First Name												
Other Dependent's First Name												

Please enclose additional family member information on a separate piece of paper.

Acknowledgement: WellDyneRx will substitute FDA approved generic equivalent drugs for any brand name medication(s) ordered unless specified by the prescriber or me on each prescription. I will take personal responsibility for payment of all medications that I or my family members receive.

Remember to write your Member I.D., Date of Birth, Brand/Generic preference and Fill Now or Hold on each prescription sent in.

Signature _____ Date _____

Enclose with prescription(s)

Moisten flap to seal

How to Order New Medication

Complete the attached form to begin ordering your maintenance prescription medications from WellDyneRx mail service pharmacy. This form is only needed for new members, first time orders, or dependents that have been added since the last order. Be sure to complete your method of payment.
Include the form and any prescriptions you may have in the attached envelope. Remember to write your Member I.D. and Date of Birth on your prescriptions.

ellDyneRx will dispense the days supply as written by the prescriber. ır example, if your prescription is written for 30 days and your plan ows 30 day fills at mail order, WellDyneRx will fill the 30 day supply written. If your prescription is written for 30 days, and your plan only ows 90 days, we will contact you regarding the status of your order ıd how to best meet your needs.

save time, please look at your prescription before you leave your escriber's office. Check the drug name, quantity and days supply. ıe days supply should match the number of days you want us to ovide with each refill. Please review your Plan benefits for the aximum days supply your Plan will allow with each mail order fill.

How to Order Refills

place a refill order, please visit **www.myWDRX.com** or call **38-479-2000 prompt 2** approximately three weeks prior to ıpletion of your medication supply.

Savings

Mail Service can save you money. To find out the cost for your mail order medication, contact our Member Services team.

Where appropriate, WellDyneRx uses generic medications to fill your prescriptions. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand name counterparts.

Quality is Our First Priority

The WellDyneRx Mail Service Pharmacy is staffed by registered pharmacists and certified pharmacy technicians. With advanced robotics and state-of-the-art technology, our highly trained professionals conduct multiple quality and accuracy checks on your order.

Your prescription order will be shipped using US Mail or UPS. Refrigerated items are shipped in accordance with FDA and Manufacturers specifications. For your security, some controlled substances are shipped UPS Ground with a tracking number and may require a signature.

To learn more about our Mail Service Pharmacy, please visit our web site at **www.myWDRX.com** or call us at **888-479-2000**.