

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.

After registration is complete, your doctor may e-prescribe, fax, mail, or phone prescriptions to Wellpartner.

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.

After you have received your first order, you can set up an online account if you wish at www.wellpartner.com.

Shipping Charges

Standard shipping is paid by CAREAssist on all orders containing prescription items. Next-day delivery requires preapproval by CAREAssist otherwise Wellpartner will charge you for this service.

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

Wellpartner utilizes 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.



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) or have your doctor(s) send them to Wellpartner.

- ◆ 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.
- ◆ If you need help completing this form, please contact your CAREAssist case worker or your community case manager.

PATIENT INFORMATION

Last Name:

First Name:

MI:

DOB: / /

Gender:

Primary Prescriber:

Prescriber Phone: - -

Medical Record # (if applicable):

Allergies (Check all that apply):

- None known Aspirin Codeine Erythromycin Penicillin
 Morphine Sulfa Other:

Medical Conditions (Check all that apply):

- None known Active Ulcer Arthritis
 Asthma Congestive Heart Failure Diabetes
 High Blood Pressure Hyperthyroid Hypothyroid
 Kidney Disorder Liver Disorder Pregnancy
 Other:

SHIPPING INFORMATION

- Permanent address Address for this order only

Address:

City:

State:

ZIP:

Daytime Phone: - -

Email:

CAREAssist INFORMATION

ID number *(Required)*:

Group Number *(Required)*:

PRESCRIPTION INSURANCE INFORMATION

Insurance Plan:

Group Name/Number:

Cardholder ID Number:

Primary Cardholder Name:

Relationship to Cardholder: Self Spouse/Partner Child/Dependant

Insurance Phone (refer to back of insurance card): - -

Insurance customers: Please note, your prescriptions will be filled in accordance with your plan limitations. If you have any questions, please contact your CAREAssist case worker.

SAFETY CAP PREFERENCE

Federal Law requires us to dispense your medication with a child-resistant cap. If you do **NOT** want to receive your medications with child-resistant caps, please sign below.

Signed: _____