



How to place your initial order with Walgreens Specialty Pharmacy:

- 1) Print and complete the Enrollment Form. Please print clearly.
- 2) Attach ORIGINAL prescription provided by your physician or ask your physician to fax the prescription to Walgreens Specialty Pharmacy at 1.866.515.1356.
- 3) Mail Enrollment Form and ORIGINAL prescription to Walgreens Specialty Pharmacy, 1350 Highland Drive, Suite D, Ann Arbor, Michigan 48108.

If you have questions or concerns, please call the Walgreens Specialty Pharmacy Customer Care Team toll free at 1.866.515.1355. Our hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. and Saturday 8 a.m. to 5 p.m.

### Step 1: Demographic Information

Subscriber's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Delivery Address \_\_\_\_\_  
Day Phone Number w/area code \_\_\_\_\_ Evening Phone Number w/area code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone Number w/area code \_\_\_\_\_  
Check One:  Original Prescription Enclosed  Physician Will Fax Prescription

### Step 2: Delivery Information

Requested Date of Delivery \_\_\_\_/\_\_\_\_/\_\_\_\_ (You will be contacted by Walgreens Specialty Pharmacy if the delivery date cannot be accommodated. Deliveries are available Tuesday through Friday.)  
Medication(s) Requested \_\_\_\_\_  
\_\_\_\_\_

Supplies Needed\*  No  Yes If yes, please circle supplies needed:  
Alcohol Wipes    Sharps Container    Pen Needles    Injection Syringes    Mixing Syringes    Inject-Ease

\*Please note: Walgreens Specialty Pharmacy provides standard supplies as a courtesy and cannot accommodate special requests. The quantity of supplies sent is based on the days supply of medication dispensed.

### Step 3: Payment Information

1) **Paying by Credit Card** (circle one)    Visa    MC    Discover    AMEX  
Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_  
Security Code \_\_\_\_\_ (3 digits on back of card for Visa and 4 digits on front of card for AMEX)  
Cardholder's Signature \_\_\_\_\_

Check here to authorize Walgreens Specialty Pharmacy to bill and debit your credit card for future orders. Call Walgreens Specialty Pharmacy at 1.866.515.1355 to set up autopay by phone.

2) **Paying by Check via Phone** (circle one)    Checking    Savings  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_  
Signature \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_

Check here to authorize Walgreens Specialty Pharmacy to bill your checking/savings account for future orders. Call Walgreens Specialty Pharmacy at 1.866.515.1355 to set up autopay by phone.

### 3) Paying by Check or Money Order via Mail.

Please make your check or money order payable to Walgreens Specialty Pharmacy, and mail to: Walgreens Specialty Pharmacy, 1350 Highland Drive, Suite D, Ann Arbor, Michigan 48108.