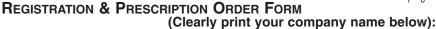
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Please complete both sides of this form. (if applicable)

Walgreens Healthcare Plus RULE CROSS AND E

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| MEMBER INFORMATION | | | | | | | |
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| E-mail address (optional) | | | | | | | |
| Date of Birth (MM/DD/YYYY) | | | Male | | | | |
| /// | | | ☐ Female | | | | |
| Shipping Address (please do n | ot use | e P.O. B | Sox) | | | | |
| City | | State | ZIP Code | | | | |
| Daytime Phone | | Evening Phone | | | | | |
| () | | (|) | | | | |
| ALLERGIES: ☐ 70-Penic ☐ None Known ☐ 87-Sulfa ☐ 32-Codeine ☐ 93-Tetrac | | | Other (list): | | | | |
| HEALTH CONDITIONS: None Known 200-Diabetes 300-Hypertension 400-Heart Disease | ☐ 600 ☐ 700 ☐ 800 | | ach Disorders d Disease is | | | | |
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IMPORTANT

It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Healthcare Plus will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call Customer Service at (800) 275-7204 to advise. By making this call I understand that under my applicable health care benefits plan, I am responsible for any higher payment for each brand drug.

PAYMENT (required at time of order):

| No. of Rx's enclosed | Total | | | | |
|---|-------|--|--|--|--|
| | \$* | | | | |
| TOTAL AMOUNT ENCLOSED: | \$ | | | | |
| *Your payment may vary based on the following plan designs: brand or generic, formulary or coinsurance. | | | | | |
| Signature (for credit card): | | | | | |
| | | | | | |

Checks payable to: **Walgreens Healthcare Plus** 7357 Greenbriar Parkway, Orlando, FL 32819-8917

CREDIT CARD NUMBER (VISA, MasterCard, Discover, American Express; no cash, please)

CREDIT CARD EXPIRATION

PLEASE NOTE: By submitting this form, you have authorized release of all information to Walgreens Healthcare Plus (and other necessary parties) as required to process your prescriptions and their refills under your applicable health care benefits plan. Blue Cross and Blue Shield of Illinois' use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources such as medical providers, shall be in accordance with the federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996). The relationship between Blue Cross and Blue Shield of Illinois and Walgreens Healthcare Plus is solely that of independent contractors.

Thank you for your order. Please allow two weeks for delivery from the date you mail your order.

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| DEPENDENT INFO | RMATION | DEPENDENT INFO | |
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| E-mail address (optional) | | E-mail address (optional) | - |
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| HEALTH CONDITIONS: □ 50 □ None Known □ 60 □ 200-Diabetes □ 70 □ 300-Hypertension □ 80 □ 400-Heart Disease □ 0t | 0-Glaucoma 0-Stomach Disorders 0-Thyroid Disease 0-Arthritis her (list): none (very important) | HEALTH CONDITIONS: | 00-Glaucoma 00-Stomach Disorders 00-Thyroid Disease 00-Arthritis ther (list): hone (very important) |
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