

Member Registration and Prescription Mail Order Form

WellCare Specialty Pharmacy, Inc.-Mail Services Division

If you have any questions, call 1-866-892-9006 (TTY/TDD: 1-866-507-6135).
Representatives are available Monday–Friday, 8am–7pm Eastern.

Please print all information clearly. Please use black ink.

1 Member Info

Member ID	Date of Birth	Gender
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M or <input type="radio"/> F

Last Name	M M D D Y Y Y Y
<input type="text"/>	

First Name	Middle Initial
<input type="text"/>	<input type="text"/>

Home Address _____

Street

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cell Phone	Daytime Phone
(<input type="text"/>) - <input type="text"/> - <input type="text"/>	(<input type="text"/>) - <input type="text"/> - <input type="text"/>

Evening Phone

() - -

Shipping Address (if different than home address) _____

Street

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Government ID# _____

(Most states require ID for controlled substances. Driver's license, passport ID, state ID or military license numbers are acceptable.)

Allergy Information

- None
- Aspirin
- Cephalosporin
- Codeine
- Erythromycin
- Penicillin
- Sulfonamide/Sulfa
- Other _____

Health Conditions

- No Known
- Diabetes
- Asthma
- Arthritis
- Glaucoma
- Heart Disease
- Hypertension
- Pregnancy
- Thyroid Disease
- Other _____

Order Preference

- Easy Open Caps
- Spanish Vial Labels
- Brand Only

Shipment Preference

- Regular Delivery (Free)
- 2nd Business Day (\$9.95)
- Next Business Day (\$18.95)

Prices Subject To Change

2 Prescription Information

Please include the prescription slip from your provider along with your order form. Send the slip back to us in the enclosed postage-paid envelope along with this order form. Or ask your provider to fax the prescription information to us at **1-866-892-8194**.

State laws permits pharmacists to substitute a less expensive FDA-approved generic equivalent drug for an available brand-name unless your doctor's prescription instructs otherwise. If you do not want us to substitute a generic, you must check "Brand Only" above for the medication(s) you want dispensed as a brand only. If a member chooses a brand-name drug when a generic alternative is available (regardless of the reason), he or she may be subject to a higher co-payment. To comply with certain federal and state laws, and to ensure the integrity of the medications dispensed, all WSP Mail Order prescriptions are final.

By submitting this form, you have authorized release of all information to WellCare Specialty Pharmacy, Inc.-Mail Services Division (and other necessary parties) as required to process your order under your plan benefit.

