



# PRESCRIPTION DRUG PROGRAM MAIL SERVICE FORM

## Mail Order Prescriptions Made Easy!

### HOW TO ORDER NEW MEDICATION

This form is only needed for first time orders, dependents who have been added since the last order, or changes to current information. Be sure to complete your method of payment.

To begin ordering your maintenance prescription medications from the WellDyneRx Mail Service Pharmacy, enroll using one of the following options.

#### Option 1

Enroll online at [www.myWDRX.com](http://www.myWDRX.com). Mail your prescriptions to WellDyneRx or have your **prescriber** fax them to 888-830-3608.

#### Option 2

Enroll by completing this form and mailing it to WellDyneRx, PO Box 3129, Englewood, CO 80155.

Include your prescriptions with this form or have your **prescriber** fax them to 888-830-3608.

Remember to write your **Member ID** and **Date of Birth** on your prescriptions.

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

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

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

### HOW TO ORDER REFILLS

To place a refill order, please visit [www.myWDRX.com](http://www.myWDRX.com) or call **866-490-3326 prompt 2** approximately three weeks prior to depletion 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.

### CONTACT INFORMATION

#### WellDyneRx

PO Box 3129, Englewood, CO 80155  
Toll-Free Phone: 866-490-3326  
Toll-Free TTY: 800-900-6570  
Toll-Free Fax: 888-830-3608  
[www.myWDRX.com](http://www.myWDRX.com)

**Hours of Operation: 24 hours a day, 7 days a week**

### 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  -  -

Member E-mail Address

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.

