Prescription Delivery Service

Our Prescription Delivery Service offers you convenient delivery for your medications. We recommend you use this service if you take a medication on an ongoing basis. Here's why:

- You get a three-month supply, so you don't have to refill each month.
- We'll remind you when it's time to refill, so you don't run out of your medication.
- You can easily refill your medication online or by phone.
- We can transfer any existing prescriptions for you.

TIP — This can help you save gas and time. No trips to the pharmacy! No waiting in line!

TIP — We can remind you by phone, email, or text!

Before you can sign up for Prescription Delivery Service, you must register on myWDRX.com. If you haven't already done this, here's how:

1. **Go to www.myWDRX.com. Click on "New Member? Start Here."**
2. **Complete the registration form.**
3. **Create a username and password.**
4. **Accept the Terms of Use.**
5. **Click "Register Now."**

TIP — Use your e-mail address as your username so it's easy to remember!

Get Started!

If you have questions, please visit **www.myWDRX.com** or call the Member Services number shown on your member ID card.

Prescription Delivery Service Enrollment Form

Please use this form to enroll, add dependents, or update information. Send completed form to WellDyneRx, P.O. Box 90369, Lakeland, FL 33804.

INSURANCE CARDHOLDER INFORMATION

Last Name _____ First Name _____ Middle Int _____ Date of Birth _____

Billing Address _____ City _____ State _____ Zip Code _____

Shipping Address (❑ Same as Billing Address) _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email Address (to receive information about your prescription orders) _____

Contact Preference (select one): ❑ Email ❑ Automated Phone Message

Group Name (Primary) _____ Group Name (Secondary) _____

Group ID# _____ Member ID# _____ Group ID# _____ Member ID# _____

ALLERGIES AND HEALTH CONDITIONS

For your safety, WellDyneRx requires allergy and health condition information for you and your dependents before dispensing medication. Please enclose additional family member information on a separate piece of paper.

Cardholder Information		Dependent Information		Dependent Information	
First & Last Name		First & Last Name		First & Last Name	
		Relationship to Cardholder		Relationship to Cardholder	
Date of Birth	❍ Male ❍ Female	Date of Birth	❍ Male ❍ Female	Date of Birth	❍ Male ❍ Female
Drug Allergies	**Health Conditions**	**Drug Allergies**	**Health Conditions**	**Drug Allergies**	**Health Conditions**
❍ **No Known**	❍ **No Known**	❍ **No Known**	❍ **No Known**	❍ **No Known**	❍ **No Known**
❍ Amoxicillin	❍ Asthma	❍ Amoxicillin	❍ Asthma	❍ Amoxicillin	❍ Asthma
❍ Aspirin	❍ Bleeding Disorder	❍ Aspirin	❍ Bleeding Disorder	❍ Aspirin	❍ Bleeding Disorder
❍ Cephalosporins	❍ COPD	❍ Cephalosporins	❍ COPD	❍ Cephalosporins	❍ COPD
❍ Codeine	❍ Depression	❍ Codeine	❍ Depression	❍ Codeine	❍ Depression
❍ Erythromycin	❍ Diabetes	❍ Erythromycin	❍ Diabetes	❍ Erythromycin	❍ Diabetes
❍ Penicillin	❍ GERD/Ulcer	❍ Penicillin	❍ GERD/Ulcer	❍ Penicillin	❍ GERD/Ulcer
❍ Sulfa	❍ Heart Disease	❍ Sulfa	❍ Heart Disease	❍ Sulfa	❍ Heart Disease
❍ Tetracyclines	❍ High Cholesterol	❍ Tetracyclines	❍ High Cholesterol	❍ Tetracyclines	❍ High Cholesterol
❍ Other (Use space below)*	❍ Hypertension	❍ Other (Use space below)*	❍ Hypertension	❍ Other (Use space below)*	❍ Hypertension
	❍ Liver Disease		❍ Liver Disease		❍ Liver Disease
	❍ Renal Disease		❍ Renal Disease		❍ Renal Disease

*Please Specify Patient and Other Drug Allergies

Medication Preference: WellDyneRx will substitute generic equivalent drugs for brand medications ordered if available and permitted by your doctor. A generic drug has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. Please indicate your preference for brand or generic drugs. If no box is checked, WellDyneRx will substitute generic drugs.

❑ Substitute generic drugs if available and permitted by my doctor. ❑ I want to receive brand medications only. I understand that brand medications may be more expensive.

Signature _____ Date _____