



MAIL ORDER PHARMACY

Mail Order Pharmacy offers free delivery of medications to a convenient place – home, work, or doctor's office. We recommend this service if you take a medication on an ongoing basis. Here's what you need to know to use the service.

Registering: Get started by registering for Mail Order Pharmacy. You'll need to provide insurance, contact, payment, and health information for you and your covered dependents.

» **Online:** For 24/7 access to your benefit and prescription information, register at www.WellDyneRx.com. Click "Members" then "Member Registration."

» **By Mail:** Complete the Mail Order Pharmacy Registration Form and mail to WellDyneRx.*

Sending Prescriptions: Your doctor must write your prescription for a 90-day supply (or the number of days your plan allows for mail service). There may be limitations on some medications, such as controlled medications, due to state and federal laws. Prescriptions are processed and shipped to the default shipping address upon receipt, when you are ready for your script to be filled, send your prescriptions to WellDyneRx:

» **Electronically:** This is the quickest way to fill your prescription. Ask your doctor to electronically send your prescription to WellDyneRx Mail Order Pharmacy.

» **By Fax:** 1-888-830-3608 or 1-877-221-1259. Only prescribers may fax prescriptions to a pharmacy.

» **By Mail:** Write your Member ID and patient's date of birth on the prescriptions, and mail to WellDyneRx.*

Ordering Refills: WellDyneRx offers several easy ways to order your prescriptions. We will send a reminder when it's time to refill your prescription. The best time to order refills is when you have a 14-day supply of your medicine left.

» **Online:** Order refills at www.WellDyneRx.com.

» **By Mail:** Mail original prescriptions with Member ID and patient's date of birth to WellDyneRx.*

» **By Phone:** Order through the WellDyneRx automated phone system by calling the Member Services phone number on your ID Card, press 2 and follow the prompts for mail order information. To access your account, you will be prompted to enter your date of birth, zip code and phone number.

» **By Mobile App*:** Order refills from the WellDyneRx mobile application. Go to mobileapp.welldynernx.com, or search for "WellDyneRx" in the iTunes App Store or Google Play Store.

Payment: Payment is required with every prescription order. WellDyneRx accepts Visa, MasterCard, American Express, Discover, check, check by phone, or money order. We also accept payment cards for flexible spending and health savings accounts. Once you have registered, you can add or update your payment cards online or through our automated phone system.

Medication Preferences: WellDyneRx substitutes FDA-approved generic equivalent drugs for any brand name medications ordered, if available and permitted by your doctor. A generic drug is a variation of a brand name that has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. If you prefer to receive only brand medications and pay the additional cost, please contact Member Services by calling the number shown on your member ID card.

Prescription Order Status: Check the status of your prescription order online or through the WellDyneRx automated phone system. We also provide email alerts to track the status of your prescription orders. We will provide order information, refill reminders, and shipment notifications via phone and email notifications.

Member Services: Member Services representatives are available 24 hours a day, 7 days a week to answer questions and help with prescription orders. Pharmacists are available for consultations 24 hours a day, 7 days a week if you have questions about your medication, including how to take it, what to do if you miss a dose, side effects or drug interactions. For medical emergencies, please call 911.

» **By Phone:** For questions, please contact WellDyneRx Member Services at the number listed on your ID Card.

TTY: 1-800-900-6570

* **Mailing Address:** WellDyneRx,
P.O. Box 90369,
Lakeland, FL 33804

**The WellDyneRx mobile app is not currently available for all plans, and some members may not have access to certain features.*



WellDyneRx Mail Order Pharmacy Registration Form

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

INSURANCE CARDHOLDER INFORMATION

Last Name		First Name		Mid Int	Date of Birth
Billing Address		City		State	Zip Code
Shipping Address (<input type="checkbox"/> Same as Billing Address)		City		State	Zip Code
Home Phone	Cell Phone	Email Address (to receive information about your prescription orders)			
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:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Drug Allergies	Health Conditions	Drug Allergies	Health Conditions	Drug Allergies	Health Conditions
<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD
<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression	<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression	<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression
<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer
<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Other*(List below)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other*(List below)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other*(List below)	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Liver Disease		<input type="checkbox"/> Liver Disease		<input type="checkbox"/> Liver Disease
	<input type="checkbox"/> Renal Disease		<input type="checkbox"/> Renal Disease		<input type="checkbox"/> 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 _____