



CenterWell Pharmacy registration and order form

Choose the option that's easiest for you to get started with CenterWell Pharmacy™.

Online: Go to **CenterWellStartNew.com** to create an account. Then click "Fill New Rx" or "Transfer Rx to CenterWell Pharmacy."

By phone: Call CenterWell Pharmacy at **800-379-0092 (TTY: 711)** to talk to a representative Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

By mail: Complete this form and send back to CenterWell Pharmacy, along with your paper prescription, at the address listed. Please print all information clearly in CAPITAL LETTERS using BLUE or BLACK ink.

Patient information

Member ID (found on ID card)

 -

Date of birth

 / /

Gender

☐ Male
☐ Female

First name

Last name

M.I.

Street number

Street name

Apt/Suite #

City

State

ZIP code

 -

Home phone

 - -

Mobile phone*

 - -

Please complete shipping address below **only** if different from address above.

Street number

Street name

Apt/Suite #

City

State

ZIP code

 -

Account preferences

E-mail address: Please provide your e-mail address we can send important alerts and reminders.

Language preference ☐ English

Easy-open bottle caps? ☐ Yes ☐ No

for communications: ☐ Spanish

I am currently taking these medicines not filled at CenterWell Pharmacy:

I am currently taking these over-the-counter medicines and/or herbal supplements:

Payment method



223A



To help avoid delays in shipping your orders, we encourage you to put a credit card on file. When you select the Auto Charge feature below, CenterWell Pharmacy will not have to contact you to approve payment prior to shipping your order. Your card will only be charged if there is an amount due.

Credit/debit card #

Expiration date /

Cardholder first name

Cardholder last name

Cardholder signature:

☐ Credit card auto charge: I authorize CenterWell Pharmacy to charge this card for all prescription orders

Allergies

No known	<input type="radio"/>
Aspirin	<input type="radio"/>
Codeine	<input type="radio"/>
Peanuts	<input type="radio"/>
Penicillin	<input type="radio"/>
Sulfa	<input type="radio"/>

Health conditions

Arthritis	<input type="radio"/>
Asthma	<input type="radio"/>
Diabetes	<input type="radio"/>
GERD (acid reflux)	<input type="radio"/>
Glaucoma	<input type="radio"/>
Heart disease	<input type="radio"/>

High blood pressure	<input type="radio"/>
High cholesterol	<input type="radio"/>
Migraines	<input type="radio"/>
Osteoporosis	<input type="radio"/>
Pregnancy	<input type="radio"/>
Thyroid disease	<input type="radio"/>

Other allergies or health conditions not listed above

Next steps: Send us your prescriptions

If you have a paper prescription, you can mail it along with this completed form: mailing instructions are below. Or your healthcare provider can send your new prescriptions to CenterWell Pharmacy:

- Electronically (e-prescribe)
- By fax: 800-379-7617
- By phone: 800-379-0092

Mailing instructions

Send this form along with your paper prescription(s) and payment to:

CenterWell Pharmacy, P.O. Box 745099, Cincinnati, OH 45274-5099

Please write your name, date of birth, Member ID and shipping address on the back of each prescription. If you are unable to pay by card and prefer to send a check, please write your Member ID on the check and mail with your prescription.

* When you give us your mobile phone number, we have your permission to contact you at that number about your CenterWell Pharmacy account. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account services calls, but not for telemarketing or sales calls. It may include contact from other companies working on our behalf. Message and data rates may apply. You may contact us any time to change these preferences.

NOTE: Prescriptions may be filled or processed by any of the CenterWell Pharmacy mail-delivery locations. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all CenterWell Pharmacy sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your healthcare provider directs otherwise.

Important

At CenterWell Pharmacy, it is important you are treated fairly.

CenterWell Pharmacy does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. CenterWell Pharmacy complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CenterWell Pharmacy, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **800-379-0092** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 800-379-0092 (TTY: 711)

CenterWell Pharmacy provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 800-379-0092 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0122

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك