

Wal-Mart Pharmacy Mail Services Brochure & Patient Profile

In this era of rising prescription costs, the Scott & White Prescription Services (SWPS), through the **Wal-Mart Pharmacy Mail Services (WMS)** mail order drug program, furnishes a cost-effective alternative for customers with long-term maintenance medications while also providing the convenience of home delivery. You can eliminate one of your regular errands by having your prescriptions mailed straight to your home, postage paid, via First Class U. S. mail.

How do I order prescriptions?

- 1) Depending upon your plan design, ask your doctor for a prescription written for a 90 or 100-day supply on your long-term maintenance medications. These are medications indicated with an "M" on your preferred drug list or formulary. The prescription **must** be written to dispense 100 days at one time in order for you to receive the full 100 days, or 90 days at a time in order to receive a full 90 days. Also, be aware that most prescriptions **expire** one year from the date that they are written or prescribed by the doctor. (Controlled medications are only valid for 6 months or 7 days, depending on the type).
- 2) Make sure the name of the patient, date of birth, address and phone number, as well as the doctor's name, address and phone number are all clearly printed on each prescription. In addition, make sure to identify yourself as a SWPS member and list the name of your employer group. Your order may be delayed if it is missing any of this information.
- 3) Complete the *Patient Profile & Prescription Order Form* for all eligible members. The form is only required for your first order.
- 4) Mail the *Patient Profile & Prescription Order Form*, and your original, written prescription(s) to: Wal-Mart Pharmacy Mail Services P.O. Box 115112 Carrollton, TX 75011-5112. You may also call 1-800-508-0960 to give your profile information over the phone and then have your doctor call or fax your prescriptions to 1-800-472-1294. (Note that prescriptions for controlled medications cannot be called or faxed to the pharmacy. The original, written prescription(s) must be mailed to Wal-Mart Pharmacy Mail Services.)

When will I get my prescription(s)?

Your medication will be delivered to you, postage paid, usually via U.S. First Class mail within two weeks. Prescriptions can be shipped by an expedited service for an additional fee.

What about emergency situations?

There will be times when you need a prescription immediately. In those instances, you should get the prescription filled at your local Wal-Mart Pharmacy or another local pharmacy.

Will I get generic or brand-name drugs?

That depends on you and your doctor. By law, brand and generic medications must meet the same standards for safety, purity, quality and strength. Generics are a great way to save money on long term maintenance medicines and will be dispensed when appropriate and permitted by your doctor.

How do I order refills?

For refills, do one of the following at least two weeks prior to the time your current supply will run out. Keep in mind mail between states can take up to 5-7 days to deliver.

- Call **1-800-508-0960**, Mon.-Fri. 7 a.m. to 7 p.m., and Sat. 8 a.m. to 1 p.m. CST.
- Fax **1-800-472-1294**.
- Write to **Wal-Mart Pharmacy Mail Services P.O. Box 115112 Carrollton, TX 75011-5112** or fax it to 1-800-273-3455.
- Email your request to wmsrx@wal-mart.com.

If calling or sending your refill by email or fax, place your order two (2) weeks before your current prescription runs out. If mailing your request, send it three (3) weeks before your prescription runs out to allow for mail delivery.



Wal-Mart Pharmacy
Mail Services
P.O. Box 115112
Carrollton, TX 75011-5112

E-Mail: wmsrx@wal-mart.com
PH: 1-800-508-0960
TTY/TDD: 1-800-815-5607
FX: 1-800-472-1294
HOURS: MON-FRI 7:00 A.M.-7:00 P.M. CST
SAT 8:00 A.M.-1:00 P.M. CST

Mail Order Patient Profile Form

Please complete a separate form for each family member enrolling in this service. Your order may be delayed if any information is missing. Please mail this form to the address above.

Note: To protect your privacy, we cannot discuss health information about an individual on this account with anyone except that individual unless that person is a minor or we have a Medical Power of Attorney or WMS Release of Information form.

Patient Information

Name (last) (first) (middle)

Address

City State Zip

Home Phone

Daytime Phone

Date of Birth

Male

Female

Allergies (drug, other)

Health Conditions

Current Medications

Insurance/Prescription Plan Information

Plan Name Phone

ID# Group Number

Safety Caps Yes No

Healthcare Provider Information (please provide information on the physician you see most often)

Physician Name Phone

Case Manager Name Phone

Wal-Mart Pharmacy
Mail Services
P.O. Box 115112
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Mail Order Prescription Order Form

Please complete the following form for your prescription order. Your order may be delayed if any information is missing. Please mail this form to the address above.

Patient Contact Information

Name Phone Number

Date of Birth ID#

Shipping Address for this Order

City State Zip

Payment Information

To help ensure the privacy and security of your financial information, Wal-Mart Pharmacy Mail Services does not request credit card information through the mail or fax. To pay for your order by credit card, please allow 5-7 days after mailing this form and then call 1-800-508-0960 with your payment information. If faxing this form, please allow 1-2 days before calling.

Doctor Information

Name Phone Number

Prescription Details (Please select type of order and complete required fields)

New

Prescription Name	Quantity	Strength
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I have a written prescription (Please attach)

Transfer (WMS can only transfer prescriptions from other Wal-Mart Pharmacies)

Pharmacy Name Phone Number

Prescription Name	RX Number	Quantity	Strength
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Refill

Rx Number