



New Member Registration and Prescription Order Form

If you'd like to register online, or for more information, visit **RightSourceRx.com**.

If you have questions, call *RightSourceRx* at 1-800-379-0092 (TTY 711). Customer Care Representatives are available Monday - Friday, 8 a.m. - 11 p.m., and Saturday, 8 a.m. - 6:30 p.m Eastern Time.

Instructions:

- Print all information clearly in CAPITAL LETTERS using BLUE or BLACK ink. A B C D 1 2 3
- Fill in the applicable circles completely. (●)

STEP 1 - Member Information

Member ID (found on Humana ID card)

-

Date of Birth

/ /

Gender

Male
 Female

First Name

Last Name

M.I.

Street Number

Street Name

Apt/Suite #

City

State

ZIP Code

-

Daytime Phone

- -

Evening Phone

- -

E-mail Address (optional) *RightSourceRx* will send you alerts about your order if e-mail address is given.

Language preference for communications: English Spanish

**STEP 2 - Dependent Information - spouse, child, etc - if applicable
(For additional dependents, please complete another form.)**

Member ID (found on Humana ID card)

-

Date of Birth

/ /

Gender

Male
 Female

First Name

Last Name

M.I.

E-mail Address (optional) *RightSourceRx* will send you alerts about your order if e-mail address is given.

Language preference for communications: English Spanish

STEP 3 - Please complete shipping address below if different from Member address above.

Street Number

Street Name

Apt/Suite #

City

State

ZIP Code

-

**STEP 4 - Establish Payment Method**Credit/Debit Card # Exp. Date / HumanaAccess®
Visa® Card # Exp. Date / Cardholder First Name Cardholder Last Name Cardholder Signature: Expedite the shipping of my order for \$17
(normal processing time still applies) Use this card for this order only**STEP 5 - Allergies**

	Member	Dependent
No Known	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>
Codeine	<input type="radio"/>	<input type="radio"/>
Peanuts	<input type="radio"/>	<input type="radio"/>
Penicillin	<input type="radio"/>	<input type="radio"/>
Sulfa	<input type="radio"/>	<input type="radio"/>

STEP 6 - Prescription Information

	Member	Dependent
I prefer easy open caps.	<input type="radio"/>	<input type="radio"/>
I prefer brand-name medications only (I understand this may lead to a higher cost).	<input type="radio"/>	<input type="radio"/>
I am enclosing prescriptions with this form.	<input type="radio"/>	<input type="radio"/>

STEP 7 - Health Conditions

	Member	Dependent
No Known	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
GERD (Acid Reflux)	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
High Cholesterol	<input type="radio"/>	<input type="radio"/>
Migraines	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>
Thyroid Disease	<input type="radio"/>	<input type="radio"/>

STEP 8 - Other Information

	Member	Dependent
Other Allergies or Health Conditions not listed above:	<input type="text"/>	<input type="text"/>
I am currently taking these medications:	<input type="text"/>	<input type="text"/>

STEP 9 - Mailing Instructions

- Please write your name, date of birth, Humana Member ID, and shipping address on the back of each prescription.
- Send this form along with your prescription(s) and payment to:

RightSourceRx, P.O. Box 745099, Cincinnati, OH 45274-5099

NOTE: Prescriptions may be filled or processed by any of the *RightSourceRx* pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all *RightSourceRx* 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 physician direct otherwise.