



## 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
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
First Name	Last Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt/Suite #
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone	Evening Phone	
<input type="text"/>	<input type="text"/>	
E-mail Address (optional) <i>RightSourceRx</i> will send you alerts about your order if e-mail address is given.		
<input type="text"/>		
Language preference for communications: <input type="radio"/> English <input type="radio"/> 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
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
First Name	Last Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address (optional) <i>RightSourceRx</i> will send you alerts about your order if e-mail address is given.		
<input type="text"/>		
Language preference for communications: <input type="radio"/> English <input type="radio"/> Spanish		

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

Street Number	Street Name	Apt/Suite #
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.