



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 RightSource 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 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) RightSource 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 ID card) - Date of Birth / / Gender Male Female

First Name Last Name M.I.

E-mail Address (optional) RightSource 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[®] Debit 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 4	<input type="radio"/>	<input type="radio"/>
Codeine 97	<input type="radio"/>	<input type="radio"/>
Peanuts 539	<input type="radio"/>	<input type="radio"/>
Penicillin 31	<input type="radio"/>	<input type="radio"/>
Sulfa 40	<input type="radio"/>	<input type="radio"/>

STEP 6 - Prescription Information

	Member	Dependent
I want easy open caps.	<input type="radio"/>	<input type="radio"/>
I want brand-name medicines only (I understand this may cost more).	<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 716.90	<input type="radio"/>	<input type="radio"/>
Asthma 493.00	<input type="radio"/>	<input type="radio"/>
Diabetes 250.0	<input type="radio"/>	<input type="radio"/>
GERD (acid reflux) 530.81	<input type="radio"/>	<input type="radio"/>
Glaucoma 365	<input type="radio"/>	<input type="radio"/>
Heart Disease 429.9	<input type="radio"/>	<input type="radio"/>
High Blood Pressure 401.9	<input type="radio"/>	<input type="radio"/>
High Cholesterol 272.4	<input type="radio"/>	<input type="radio"/>
Migraines 346	<input type="radio"/>	<input type="radio"/>
Osteoporosis 733.00	<input type="radio"/>	<input type="radio"/>
Pregnancy 72.4	<input type="radio"/>	<input type="radio"/>
Thyroid Disease 245.9	<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 not filled at RightSource:	<input type="text"/>	<input type="text"/>
I am currently taking these over-the-counter medications and/or herbal supplements:	<input type="text"/>	<input type="text"/>

STEP 9 - Mailing Instructions

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

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

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