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**CREDIT CARD INFORMATION**

Credit Card Number:   
(Visa, MasterCard, Discover,  
American Express)

Name as it appears on card: \_\_\_\_\_  
First Middle Initial Last

Expiration Date: / /  Signature: \_\_\_\_\_  
MM DD YYYY

**It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.**

Simply mail your original prescription and this form along with your credit card information or check made payable to the Walgreens Mail Service location most convenient for you:

**Walgreens Mail Service Arizona**

**Walgreens Mail Service, P.O. Box 29061, Phoenix, AZ 85038-9061**  
**Customer Care Center: 1-800-489-2197** (TTY for hearing impaired: 1-800-925-0178)  
**Refills by Phone: 1-800-RX-REFILL (1-800-797-3345)** (en español: 1-800-778-5427)  
**Internet: [www.walgreensmail.com/medicarerx](http://www.walgreensmail.com/medicarerx)**

**Walgreens Mail Service Florida**

**Walgreens Mail Service, P.O. Box 628001, Orlando, FL 32862-8001**  
**Customer Care Center: 1-800-489-2197** (TTY for hearing impaired: 1-800-925-0178)  
**Refills by Phone: 1-800-RX-REFILL (1-800-797-3345)** (en español: 1-800-778-5427)  
**Internet: [www.walgreensmail.com/medicarerx](http://www.walgreensmail.com/medicarerx)**

**Walgreens Mail Service Oregon**

**Walgreens Mail Service, P.O. Box 5957, Portland, OR 97228-5957**  
**Customer Care Center: 1-800-489-2197** (TTY for hearing impaired: 1-800-925-0178)  
**Refills by Phone: 1-800-RX-REFILL (1-800-797-3345)** (en español: 1-800-778-5427)  
**Internet: [www.walgreensmail.com/medicarerx](http://www.walgreensmail.com/medicarerx)**