

Mail Order Pharmacy

Our Mail Order Pharmacy offers free delivery of medications to a convenient place – home, work, or doctor’s office. We recommend this service if you take a medication on an ongoing basis. Here’s what you need to know to use the service.

Registering: Get started by registering for our Mail Order Pharmacy using the Member Portal. You’ll need to provide insurance, contact, payment and health information for you and your covered dependents.

- **Online:** For 24/7 access to your benefit and prescription information, register at www.WellDyne.com. Click “For Members” and then “Register Now.”
- **By Mail:** Complete the Mail Order Pharmacy Registration Form and mail it to WellDyne.*

Sending Prescriptions: Your doctor must write your prescription for a 90-day supply (or the number of days your plan allows for mail service). There may be limitations on some medications, such as controlled medications, due to state and federal laws. Prescriptions are processed and shipped to the default shipping address upon receipt. When you are ready for your script to be filled, send your prescriptions to WellDyne:

- **Electronically:** This is the quickest way to fill your prescription. Ask your doctor to electronically send your prescription to WellDyne Mail Order Pharmacy.
- **By Fax:** 1-888-830-3608 or 1-877-221-1259. Only prescribers may fax prescriptions to a pharmacy.
- **By Mail:** Write your Member ID and patient’s date of birth on the prescriptions, and mail to WellDyne.*

Ordering Refills: WellDyne offers several easy ways to order your prescriptions. We will send a reminder when it’s time to refill your prescription. The best time to order refills is when you have a 14-day supply of your medicine left.

- **Online:** Order refills at www.WellDyne.com.
- **By Mail:** Mail original prescriptions with Member ID and patient’s date of birth to WellDyne.*
- **By Phone:** Order through the WellDyne automated phone system by calling the Member Services phone number on your ID Card, press 2 and follow the prompts for mail order information. To access your account, you will be prompted to enter your date of birth, zip code and phone number.

Payment: Payment is required with every prescription order. WellDyne accepts Visa, MasterCard, American Express, Discover, check, check by phone, or money order. We also accept payment cards for flexible spending and health savings accounts. Once you have registered, you can add or update your payment cards online or through our automated phone system.

Medication Preferences: WellDyne substitutes FDA-approved generic equivalent drugs for any brand name medications ordered, if available and permitted by your doctor. A generic drug is a variation of a brand name that has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. If you prefer to receive only brand medications and pay the additional cost, please contact Member Services by calling the number shown on your member ID card.

Prescription Order Status: Check the status of your prescription order online or through the WellDyne automated phone system. We also provide email alerts to track the status of your prescription orders. We will provide order information, refill reminders, and shipment notifications via phone and email.

Member Services: Member Services representatives are available 24/7/365 to answer questions about prescription orders in English. For Spanish, our representatives are available from 8:00am to 5:00pm Monday to Friday (EST).

Pharmacists are available for consultation 24 hours a day, 7 days a week for questions, including how to take your medication, what to do if you miss a dose, side effects or drug interactions. For medical emergencies, please call 911.

By Phone: For questions, please contact WellDyne Member Services at the number listed on your ID card.

TTY: 1-800-900-6570.

*** Mailing Address:**
WellDyne
P.O. Box 90369
Lakeland, FL 33804

For questions about your pharmacy benefits, visit our member portal at www.WellDyne.com and click “For Members.” Or call Member Services at the number listed on your ID card.



Mail Order Pharmacy Registration Form



Please use this form to register, add dependents, or update information. Send completed form to WellDyne, P.O. Box 90369, Lakeland, FL 33804.

Insurance Cardholder Information

Last Name		First Name		Mid Initial	Date of Birth
Billing Address			City	State	Zip Code
Shipping Address (Same as Billing Address)			City	State	Zip Code
Home Phone	Cell Phone	Email Address (to receive information about your prescription orders)			
Group Name (Primary)			Group Name (Secondary)		
Group ID#	Member ID#	Group ID#	Member ID#		

Allergies and Health Conditions

For your safety, WellDyne requires allergy and health condition information for you and your dependents before dispensing medication. Please enclose additional family member information on a separate piece of paper.

Cardholder Information			Dependent Information			Dependent Information		
First and Last Name:			First and Last Name:			First and Last Name:		
Date of Birth:			Date of Birth:			Date of Birth:		
Male	Female		Male	Female		Male	Female	
Relationship to Cardholder:			Relationship to Cardholder:			Relationship to Cardholder:		
Drug Allergies	Health Conditions		Drug Allergies	Health Conditions		Drug Allergies	Health Conditions	
No Known	No Known		No Known	No Known		No Known	No Known	
Amoxicillin	Asthma		Amoxicillin	Asthma		Amoxicillin	Asthma	
Aspirin	Bleeding Disorder		Aspirin	Bleeding Disorder		Aspirin	Bleeding Disorder	
Cephalosporins	COPD		Cephalosporins	COPD		Cephalosporins	COPD	
Codeine	Depression		Codeine	Depression		Codeine	Depression	
Erythromycin	Diabetes		Erythromycin	Diabetes		Erythromycin	Diabetes	
Penicillin	GERD/Ulcer		Penicillin	GERD/Ulcer		Penicillin	GERD/Ulcer	
Sulfa	Heart Disease		Sulfa	Heart Disease		Sulfa	Heart Disease	
Tetracyclines	High Cholesterol		Tetracyclines	High Cholesterol		Tetracyclines	High Cholesterol	
Other* (List below)	Hypertension		Other* (List below)	Hypertension		Other* (List below)	Hypertension	
	Liver Disease			Liver Disease			Liver Disease	
	Renal Disease			Renal Disease			Renal Disease	

*Please specify patient and other drug allergies:

Medication Preference: WellDyne will substitute generic equivalent drugs for brand medications ordered if available and permitted by your doctor. A generic drug has the same effectiveness, quality, safety, and strength, as confirmed by the FDA.

Please indicate your preference for brand or generic drugs. If no box is checked, WellDyne will substitute generic drugs.

Substitute generic drugs if available and permitted by my doctor.

I want to receive brand medications only. I understand that brand medications may be more expensive.

Signature	Date
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