



Registration and Prescription Order Form

Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Services provided by Immediate Pharmaceuticals Services (IPS)

33381 Walker Road • PO Box 166 • Avon Lake, OH 44012-9927 • Telephone: 1-866-611-5961 • Fax: 1-800-893-2299

Please complete this form and return it, along with your prescriptions, to:
Immediate Pharmaceutical Services, Inc., PO Box 166, Avon Lake, Ohio 44012-9927.
 Your order will be processed within 48 hours after receipt and will be mailed via UPS or U.S. Mail.

Member Information

<input type="radio"/> Male <input type="radio"/> Female		Date of Birth: ____/____/____	Member ID Number (located on card):
Suffix (if on card):		Group Number:	
Last Name:		First Name:	
Daytime Telephone:		Evening Telephone:	
E-mail Address (to receive information regarding the processing of your order):			
Permanent Address 1:			
Permanent Address 2:			
City, State, & Zip:			
Employer Name:			

Other Dependents Eligible for the Program (Please Print)

Spouse	First _____	MI _____	Last _____	DOB ____/____/____	Sex _____
Dependent 1	First _____	MI _____	Last _____	DOB ____/____/____	Sex _____
Dependent 2	First _____	MI _____	Last _____	DOB ____/____/____	Sex _____
Dependent 3	First _____	MI _____	Last _____	DOB ____/____/____	Sex _____

Please Complete for Following Health Profile for Yourself and Each Eligible Dependent

	Member	Spouse	Dependent 1	Dependent 2	Dependent 3		Member	Spouse	Dependent 1	Dependent 2	Dependent 3
Allergies						Health Conditions					
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cephalosporins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Codeine derivatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morphine derivatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Penicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfa drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thyroid Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erythromycin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seizure Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None known	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						None known	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Allergies:						Other Health Conditions:					
Member _____						Member _____					
Spouse _____						Spouse _____					
Dependent 1 _____						Dependent 1 _____					
Dependent 2 _____						Dependent 2 _____					
Dependent 3 _____						Dependent 3 _____					

If a dependent's prescription needs to be delivered to a different address, please submit information on a separate sheet of paper or call 1-866-611-5961. I have attached additional address information.

