

Patient Registration Form



Fill out the following section if this is your first order with Aetna Rx Home Delivery or if this information has changed.

Please complete the following for EACH family member covered under your Aetna pharmacy benefit. Select "None" for family members with no allergies or health conditions. For your convenience, this information will be included as part of your family's profile with Aetna Rx Home Delivery. We will use this information to check for potential drug interactions and allergies to medications.

FAMILY MEMBER NAME	Allergies						Health Conditions								
	Date Of Birth	Gender (M/F)	None	Penicillin (1)	Chocolate (2)	Sulfa (3)	Aspirin (4)	Thyroid (5)	Diabetes (6)	Glaucoma (7)	Heart Conditions (8)	High Blood Pressure (9)	Ulcer	Epilepsy	Other (please specify)

If you or a family member has diabetes, indicate the type of supplies being used below:

Name	Monitor	Lancets	Test Strips
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Please note: By submitting this form, you authorize the release of all the foregoing information to Aetna Rx Home Delivery, LLC, and its affiliates.

Aetna Rx Home Delivery now offers our customers the ability to make payments over the phone for balances due. If you would like to use this payment option, let our Customer Service Associate know and your bank account will be electronically debited for the balance due. The first time you use this service, our Associate will ask you to verify your name, address and some additional information to help us uniquely identify you and secure your transaction. You will then be asked to select a User ID and authorization number, which will be required for future "check by phone" transactions.

If you have previously submitted payment by check to Aetna Rx Home Delivery for your medication, you may have received your check back from your bank after it was processed. As part of our ongoing efforts to keep your information as secure as possible, checks sent to Aetna Rx Home Delivery may now be processed electronically, and original checks may be destroyed.

