



New Member Registration and Prescription Order Form

If you'd like to register online, or for more information, visit **RightSouceRx.com**.

If you have questions, call *RightSourceRx* 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.
- Fill in the applicable circles completely. (●)



STEP 1 - Member Information

Member ID (found on Humana ID card)

Date of Birth

Gender

 Male Female

First Name

Last Name

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

Daytime Phone

Evening Phone

E-mail Address (optional) *RightSourceRx* 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 Humana ID card)

Date of Birth

Gender

 Male Female

First Name

Last Name

MI

E-mail Address (optional) *RightSourceRx* 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

