

WPDP Prescription Drug Discount Card Enrollment Form

Please complete all of the information below to receive an I.D. card:

1

 Printed Name of Applicant

 Date of Birth of Applicant

 Street Address (to mail ID card)

()

 Phone Number

 City, State, ZIP (to mail ID card)

Male () Female ()

2

Where did you hear about this program? (Circle as many as apply)

Newspaper
 Radio
 Television

WPDP Website (www.rx.wa.gov)
 School or college
 Social Services

Faith-based organization
 Other _____

3

Mail your completed enrollment form to: (one per applicant)

Washington Prescription Drug Program
c/o The ODS Companies
Attn: Billing & Eligibility
601 SW 2nd Ave.
Portland, OR 97204-9747

If you need assistance enrolling, please call toll-free 1-800-913-4146.

Answers to Frequently Asked Questions

- ◆ There is no cost to join the program.
- ◆ Each person must fill out an enrollment form.
- ◆ You will receive the I.D. card within 2 weeks after WPDP receives your enrollment form.
- ◆ Enrolling in Medicare Part D will not disqualify you from enrolling in this program.
- ◆ For more information on the program, please call ODS customer service toll-free at **1-800-913-4146**.