



SAVE MONEY ON YOUR PRESCRIPTIONS

Get your free discount card

What is it?

A prescription drug discount card program created by the Oregon and Washington state legislatures.

Who can join?

Any Oregon or Washington resident can join the program. There are no age or income restrictions.

Why should I use it?

- You will receive a 10 to 70 percent discount, depending on the drug. The greatest discount is on generic medications. Present the card to a participating pharmacy, along with your prescription to receive the discount.
- Mail order pharmacies are also an option found under the price check tool.
- If you have insurance coverage, you can use the discount card or your insurance benefit, whichever saves you more money. You cannot use both to purchase the same prescription. You can use it during a deductible period or for drugs your insurance does not cover.
- Products eligible for a discount include all prescription drugs and select over-the-counter (OTC) products, such as diabetic supplies and insulin, when processed with a valid prescription.

How do I sign up?

There are three ways to enroll in the program:

- 1 Visit www.odsrxcard.com (fastest option)
- 2 Call the toll-free number, 800-913-4146
- 3 Complete the enrollment form on the reverse side and mail to:

Oregon & Washington Prescription Drug Program
c/o ODS
Attn: Billing & Eligibility
601 S.W. Second Ave.
Portland, OR 97204-9747

Convenient online tools

- Locate a pharmacy near you with the pharmacy locator tool. Go to www.odsrxcard.com and click on **network**.
- To check the price of your prescriptions, go to www.odsrxcard.com and click on **prescription price check**. You can also find generic alternatives and mail order options.

Administered by





Prescription discount card application

Please enroll online at www.odsrxcard.com, call ODS or complete all of the information below and submit by mail to receive an ID card.

Applicant information

Male Female

_____	_____
Printed name of applicant	Date of birth
_____	()
Mailing address (to mail ID card)	Phone number

Mailing address continued	
_____	_____
City, State, ZIP code	Email address

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> WPDP website (www.rx.wa.gov) | <input type="checkbox"/> Friends or family |
| <input type="checkbox"/> Employer | <input type="checkbox"/> OPDP website (www.opdp.org) | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Hospital or clinic | <input type="checkbox"/> State agency |
| <input type="checkbox"/> Senior center | <input type="checkbox"/> Employment office | <input type="checkbox"/> ODS |
| <input type="checkbox"/> AARP | <input type="checkbox"/> Event or fair | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School or college | |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Other _____ |

Mail applications to:

One application per applicant

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If you need help filling out this form or have questions, please call 800-913-4146. Customer service is happy to assist you.

