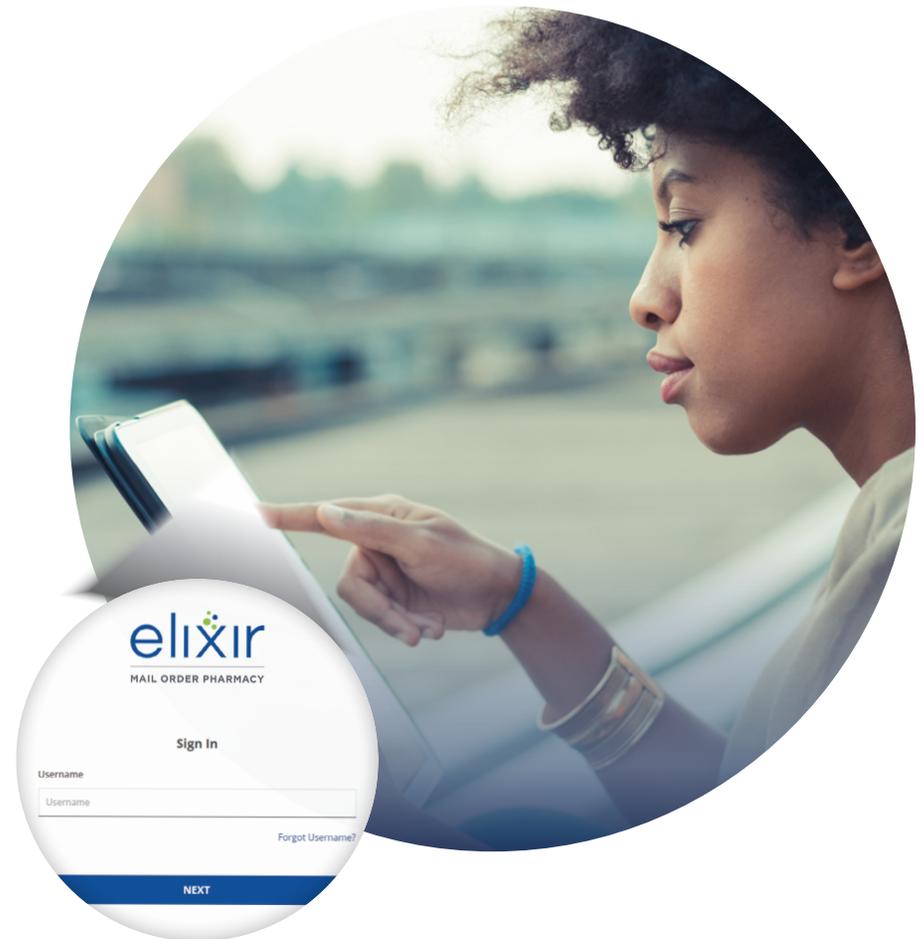


The Elixir Mail Portal provides members secure, password protected access to place orders and refills, check order status, view order history and manage dependents and online payments. The Portal can be accessed via phone, tablet or computer.

elixir.info/mail

Table of Contents

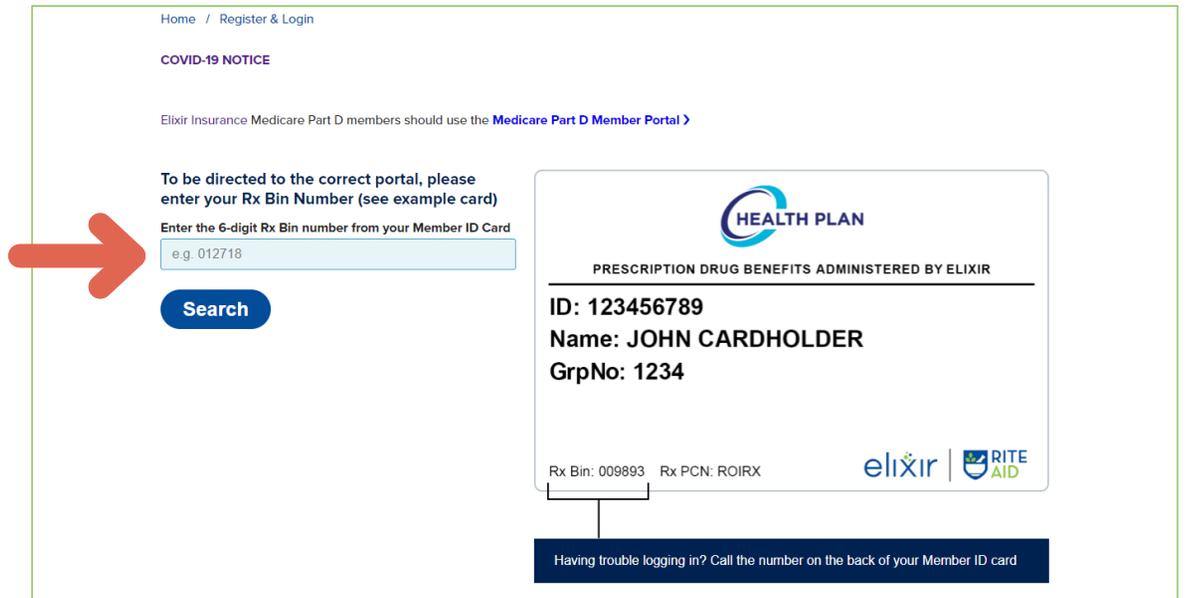
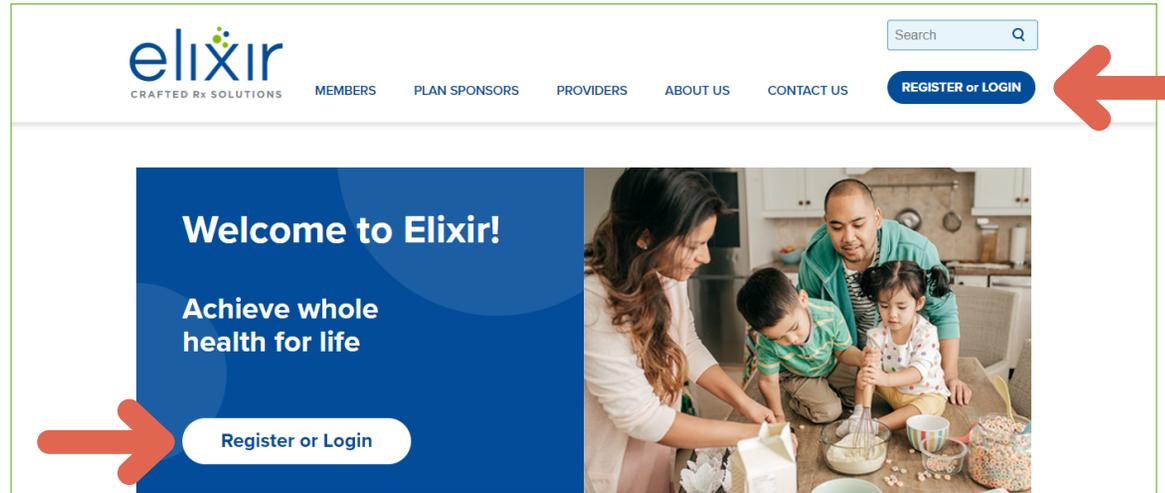
- Page 2 [Navigating to the Portal](#)
- Page 4 [Registration](#)
- Page 9 [Preferences](#)
- Page 11 [Payment Details](#)
- Page 12 [Other Details](#)
- Page 13 [Family Members](#)
- Page 16 [Summary](#)
- Page 17 [Resources](#)



Navigating to the Portal

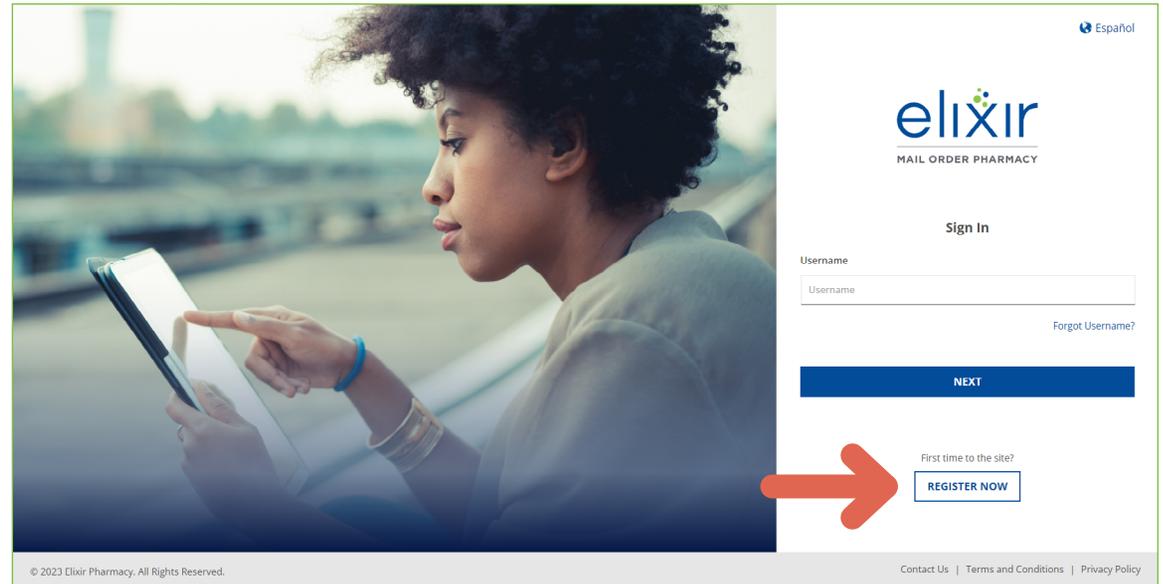
To get started, visit elixirsolutions.com in any web browser. From here, select the REGISTRATION/LOGIN button at the top of the page or on the LOG IN button on the large banner image.

You will be directed to a new page where you must enter either your Rx Bin Number (Examples: 800004, 610020, etc) from your Member ID card. Then select Search.



You will be directed to the SIGN IN page where you will select REGISTER NOW to begin the registration process.

You can also go directly to the login page by visiting elixir.info/mail.



All fields marked with an * asterisk are required.

Registration

1. ABOUT ME

- a. Prescription Card Member ID* (This is the ID number located on your prescription benefit card)
- b. First Name*
- c. Last Name*
- d. Date of Birth*
- e. Gender (Defaults to Select Gender)
 - i. Male
 - ii. Female
- f. Relationship*
 - i. Self/Cardholder
 - ii. Spouse
 - iii. Child
 - iv. Other
- g. Language (Defaults to English)
 - i. English
 - ii. Español
- h. Once all fields are completed, select CONTINUE to move on.

The screenshot shows the registration form for Elixir Mail Order Pharmacy. The form is titled "REGISTRATION" and includes a progress bar with six steps: 1. Registration, 2. Preferences, 3. Payment Details, 4. Other Details, 5. Family Members, and 6. Summary. The "ABOUT ME" section is currently active and contains the following fields:

- Prescription Card Member ID* (Text input: PORTALTESTING12)
- Confirm Prescription Card Member ID* (Text input: PORTALTESTING12)
- First Name* (Text input: John)
- Last Name* (Text input: Doe)
- Date of Birth* (Date picker: November 28, 1988)
- Gender (Dropdown menu: Male)
- Relationship* (Dropdown menu: Self/Cardholder)
- Language (Radio buttons: English (selected), Español)

A "CONTINUE" button is located at the bottom right of the form. Below the "ABOUT ME" section, there are sections for "ACCOUNT INFORMATION", "CONTACT METHODS", and "ADDRESS".

All fields marked with an * asterisk are required.

2. ACCOUNT INFORMATION

- a. Create Username* (This is a unique name you will use when signing into the website.)
- b. Create Password*
 - i. Minimum of 8 characters
 - ii. At least one uppercase letter (A-Z)
 - iii. At least one lowercase letter (a-z)
 - iv. At least one number (0-9)
 - v. At least one special character (example: !, @, #, \$, %)
- c. Confirm Password* (If entered incorrectly, an error message will display and the password will need to be reentered)

elixir
MAIL ORDER PHARMACY

Español 866-909-5170 (TTY: 711)

REGISTRATION

Five easy steps to get started with medication home delivery.

1 Registration 2 Preferences 3 Payment Details 4 Other Details 5 Family Members 6 Summary

* Indicates required information.
Need help registering? Use these quick tips to help you get started.

✓ ABOUT ME

ACCOUNT INFORMATION

Create Username* johndoe88

Create Password*

Confirm Password*

Security Image*

Security Question* What is your favorite pet's name?

Security Answer*

CONTINUE >

CONTACT METHODS

ADDRESS

© 2023 Elixir Pharmacy. All Rights Reserved. Contact Us | Terms and Conditions | Privacy Policy

All fields marked with an * asterisk are required.

- d. Security Image*
(A unique image you select that will appear during the login process to help you know that you are on the correct site and not on an invalid or copied site.)
 - i. Select desired image, then select DONE.
- e. Security Question*
- f. Security Answer*
- g. Once all fields are completed, select CONTINUE to move on.

The screenshot displays the registration interface for Elixir Mail Order Pharmacy. At the top, the Elixir logo and 'MAIL ORDER PHARMACY' are visible. The main heading is 'REGISTRATION' with the subtext 'Five easy steps to get started with medication home delivery'. A progress bar shows six steps: 1. Registration (active), 2. Verify email, 3. Program benefits, 4. Order details, 5. Family members, and 6. Summary. Below the progress bar, a note states '* Indicates required information. Need help registering? Use these quick tips to help you get started.' The 'ABOUT ME' section is expanded to show 'ACCOUNT INFORMATION' with the following fields: 'Create Username*' (johndoe88), 'Create Password*' (masked), 'Confirm Password*' (masked), 'Security Image*' (selected image of a beach with a yellow boat), 'Security Question*' (What is your favorite pet's name?), and 'Security Answer*' (Casper). A 'CONTINUE >' button is located at the bottom right of the form. The 'CONTACT METHODS' section is partially visible below, showing 'ADDRESS'.

All fields marked with an * asterisk are required.

2. CONTACT METHODS

- a. Email Address*
- b. Home Phone Number*
(111-222-3333)
- c. Mobile Phone Number
- d. Once all fields are completed,
select CONTINUE to move on.

The screenshot displays the registration process on the Elixir Mail Order Pharmacy website. At the top, the Elixir logo and 'MAIL ORDER PHARMACY' are visible on the left, and 'Español' and '866-909-5170 (TTY: 711)' are on the right. The main heading is 'REGISTRATION' with the subtext 'Five easy steps to get started with medication home delivery.' Below this is a progress bar with six steps: 1. Registration (active), 2. Preferences, 3. Payment Details, 4. Other Details, 5. Family Members, and 6. Summary. A note states '* Indicates required information. Need help registering? Use these quick tips to help you get started.' The 'CONTACT METHODS' section is expanded, showing three input fields: 'Email Address *', 'Home Phone Number *', and 'Mobile Phone Number'. A blue 'CONTINUE >' button is located at the bottom right of the form. A disclaimer box contains the text: 'When you provide your email address and phone number, you are authorizing Elixir Mail to use those methods to contact you. If you provide a mobile phone number, we may text you for updates or alerts. If we text you, standard texting fees/rates apply based on your carrier and plan.' The footer includes '© 2023 Elixir Pharmacy. All Rights Reserved.' and links for 'Contact Us', 'Terms and Conditions', and 'Privacy Policy'.

All fields marked with an * asterisk are required.

3. ADDRESS

a. Home Address*

- i. Address line 1
- ii. Address line 2
- iii. City
- iv. State
- v. Zip Code

You can check the boxes shown and the Home Address will auto populate for the Billing Address and Shipping Address.

In this instance, the information below would not be required.

b. Billing Address†

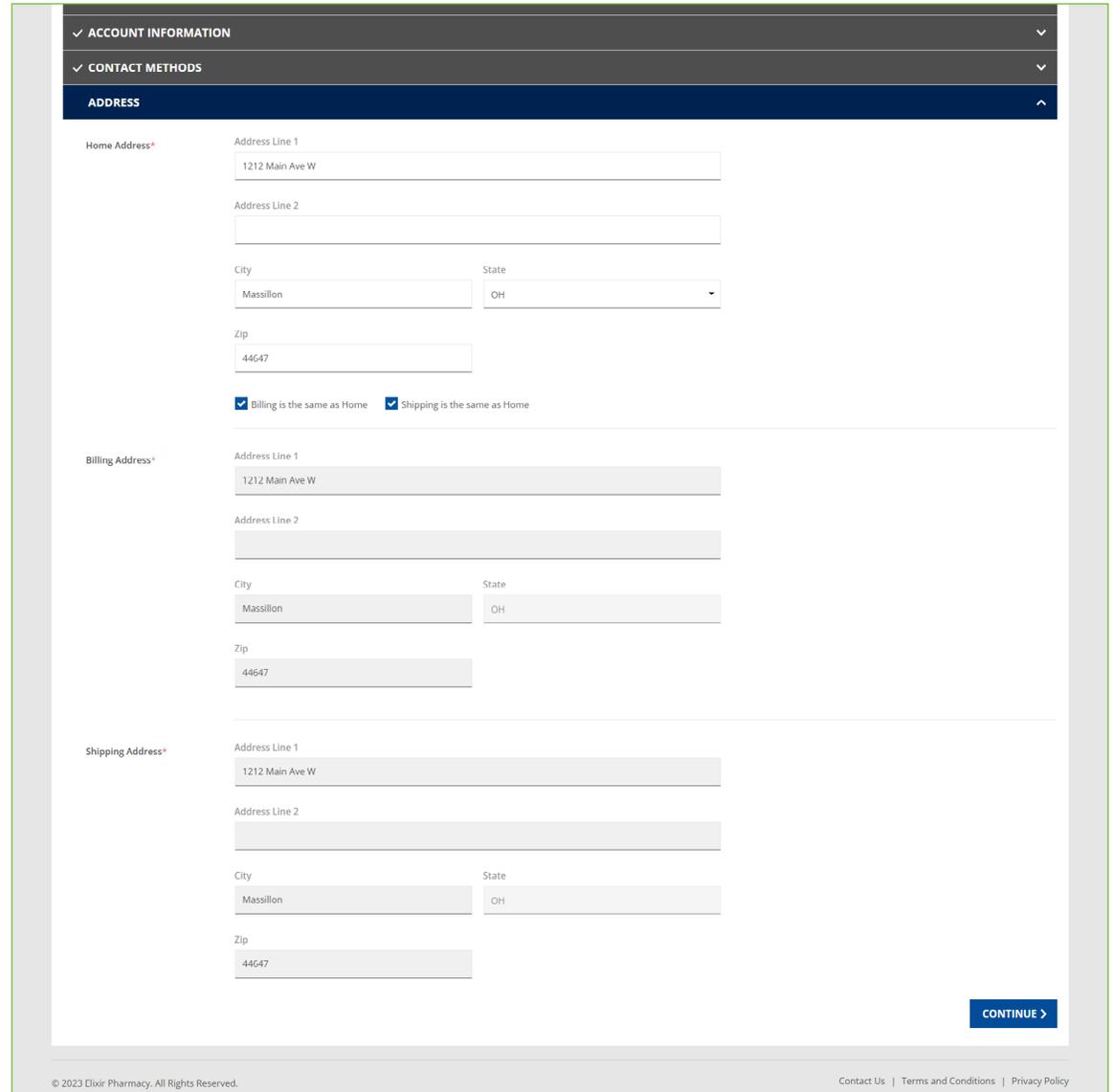
- i. Address line 1
- ii. Address line 2
- iii. City
- iv. State
- v. Zip Code

c. Shipping Address†

- i. Address line 1
- ii. Address line 2
- iii. City
- iv. State
- v. Zip Code

d. Once all fields are completed, select CONTINUE to move on.

† These fields are only required if the “Billing is the same as Home” or “Shipping is the same as home” boxes remain unchecked.



The screenshot shows a registration form with three main sections: Home Address, Billing Address, and Shipping Address. The Home Address section is active and contains the following fields: Address Line 1 (1212 Main Ave W), Address Line 2 (empty), City (Massillon), State (OH), and Zip (44647). Below these fields are two checked checkboxes: "Billing is the same as Home" and "Shipping is the same as Home". The Billing Address and Shipping Address sections are greyed out and contain the same information as the Home Address section. At the bottom right of the form is a blue button labeled "CONTINUE >".

All fields marked with an * asterisk are required.

Preferences

1. BRAND/GENERIC PREFERENCES (Defaults to Generic)

- a. Generic
- b. Brand

2. SAFETY CAPS PREFERENCE (Defaults to Safety Cap)

- a. Non-Safety (easy-off)
- b. Safety Cap

The screenshot displays the registration process on the Elixir Mail Order Pharmacy website. At the top, the Elixir logo and 'MAIL ORDER PHARMACY' are visible on the left, and 'Español' and '866-909-5170 (TTY: 711)' are on the right. The main heading is 'REGISTRATION' with the subtext 'Five easy steps to get started with medication home delivery.' Below this is a progress bar with five steps: 1. Registration, 2. Preferences (highlighted in green), 3. Payment Details, 4. Other Details, 5. Family Members, and 6. Summary. The 'Preferences' section is titled 'Medication Preferences and Safety' and contains two sections: 'BRAND / GENERIC PREFERENCES' with radio buttons for 'Generic' (selected) and 'Brand', and 'SAFETY CAPS PREFERENCE' with radio buttons for 'Non-Safety (easy-off)' and 'Safety Cap' (selected). A note states: 'If your doctor prescribes a brand drug that has a generic equivalent, you will automatically receive the generic unless you select a brand drug preference.'

All fields marked with an * asterisk are required.

3. PREFERRED SHIPPING METHOD

By selecting a preferred shipping method, every order that is created for you will automatically have that shipping method selected.

Current shipping rates are shown at the time of registration and are subject to change at any time.

- a. USPS
 - i. Standard (No Charge)
 - ii. Priority Mail: Single Piece (\$12.00)
 - iii. Priority Mail International (GU/PR Only)

Free standard shipping is available to customers.

If you need your medication sooner than 7-10 business days, expedited shipping charges may apply.

- b. FedEx
 - i. Ground (\$10.00)
 - ii. 2Day (\$25.00)
 - iii. Priority Overnight (\$50.00)
 - iv. International (\$190.00-GU/PR Only)

NOTE: Refills should be ordered when approximately 2-4 weeks of medication remains. Please allow 24-48 hours for claims to be processed and 7-10 business days for standard shipping. We have expedited shipping for an additional cost if you need faster delivery.

The screenshot shows a web form titled "Preferred Shipping Method". It is divided into two main sections: "USPS" and "FEDEX".

USPS Section:

- Standard (No Charge) - Radio button selected
- Priority Mail: Single Piece (\$12.00) - Radio button
- Priority Mail International (GU/PR Only) - Radio button

Text below: "Free standard shipping is available to customers. If you need your medication sooner than 7-10 business days, expedited shipping charges may apply."

FEDEX Section:

- Ground (\$10.00) - Radio button selected
- 2Day (\$25.00) - Radio button
- Priority Overnight (\$50.00) - Radio button
- International (GU/PR Only) (\$190.00) - Radio button

Text below: "Expedited shipping is available for an additional charge, as shown above."

DELIVERY TIME FRAMES:

Refills should be ordered when approximately 2-4 weeks of medication remains. Please allow 24-48 hours for claims to be processed and 7-10 business days for standard shipping. We have expedited shipping for an additional cost if you need faster delivery.

Buttons: "BACK" and "CONTINUE >"

Footer: © 2023 Elixir Pharmacy. All Rights Reserved. | Contact Us | Terms and Conditions | Privacy Policy

All fields marked with an * asterisk are required.

Payment Details

1. PREFERRED PAYMENT METHOD*

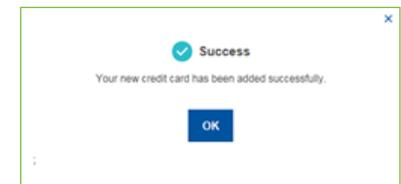
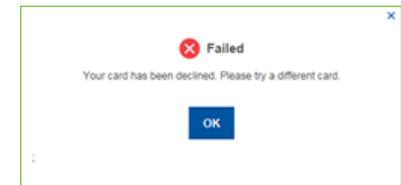
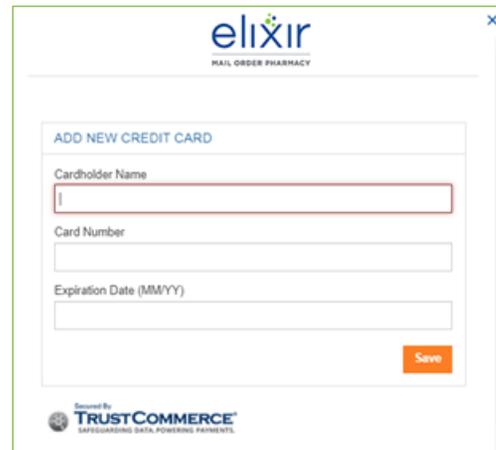
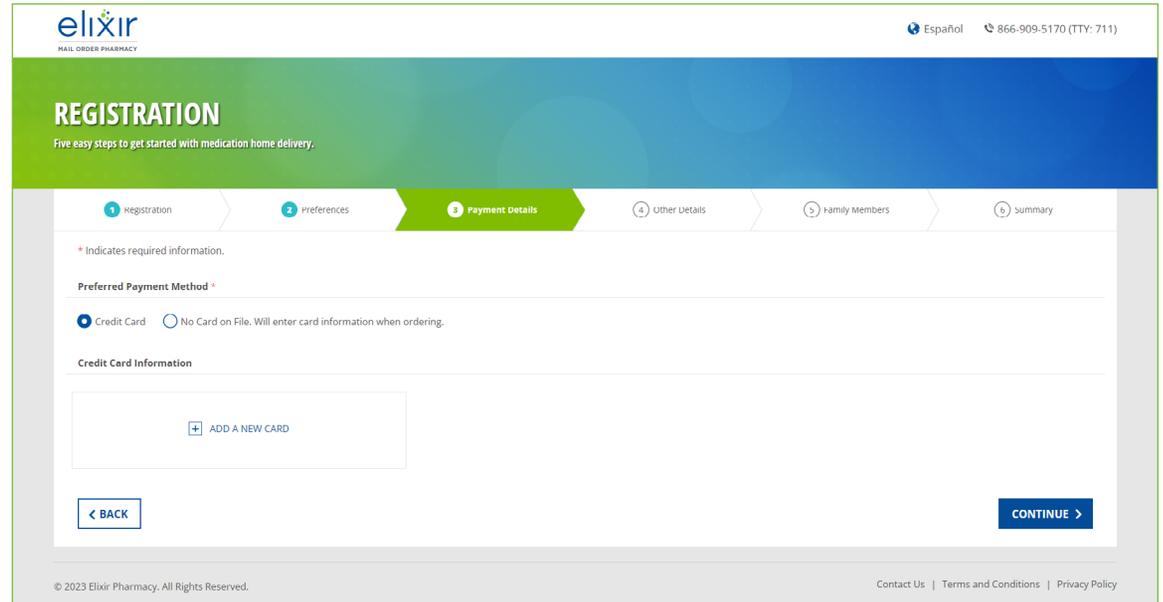
- a. Credit Card
- b. No Card on File. Will enter card information when ordering.

NOTE: A credit card is required for ordering medications via the portal.

2. ADD A NEW CARD

Selecting ADD A NEW CARD opens a TrustCommerce popup where card information is entered and securely added to the Elixir Pharmacy processing system.

TrustCommerce will verify whether card information has been entered accurately.



All fields marked with an * asterisk are required.

Other Details

1. My Allergies

- a. Penicillin
- b. Sulfa
- c. Erythromycin
- d. Codeine
- e. Aspirin
- f. No Known Drug Allergies

NOTE: If you're allergic to a medication that isn't listed above, please call us at 866-909-5170 (TTY: 711) and we'll add it to your profile.

2. Designation of Authorized Party

You may designate an authorized party to act on your behalf. The authorized party can send new prescriptions or authorize refills for you.

To complete this authorization, download a form using the button to the right. Print and mail the completed form to: 7835 Freedom Ave NW, North Canton, OH 44720. Otherwise, select CONTINUE to continue the registration process.

The screenshot shows the 'REGISTRATION' page with a progress bar indicating the current step is '4 Other Details'. The page includes sections for 'My Allergies' with checkboxes for Penicillin, Sulfa, Erythromycin, Codeine, Aspirin, and No Known Drug Allergies. Below this is the 'Optional Programs' section with checkboxes for 'Refill Reminders' and 'Shipment Notifications'. The 'Designation of Authorized Party' section contains explanatory text and a 'DOWNLOAD AUTHORIZATION FORM' button. Navigation buttons for '< BACK' and 'CONTINUE >' are visible at the bottom of the form area. The footer includes copyright information and links for Contact Us, Terms and Conditions, and Privacy Policy.

All fields marked with an * asterisk are required.

Family Members

(This step is only available when registering with a relationship of Cardholder)

The address information provided will be used for your family members managed within this account. Adult dependents (age 18 and older) should register for their own web account, in which they can grant permission for the cardholder to see their information.

1. No Dependents

- a. If no dependents need to be added, select the NO DEPENDENTS checkbox.

The screenshot shows the registration process at Elixir Mail Order Pharmacy. The page title is "REGISTRATION" with the subtitle "Five easy steps to get started with medication home delivery." The progress bar indicates the current step is "3 Family Members". The main content area contains the following text: "* Indicates required information. The address information provided will be used for the family members managed within this account. Adult dependents (age 18 and older) should register for their own web account, in which they can grant permission for the cardholder to see their information." Below this is a checkbox labeled "No Dependents" which is checked. There is a text input field for "End user license agreement *" and a link "Click here to read and agree to the terms and conditions." with a checked checkbox. Navigation buttons include "< BACK" and "REVIEW SUMMARY >". The footer contains "© 2023 Elixir Pharmacy. All Rights Reserved." and links for "Contact Us", "Terms and Conditions", and "Privacy Policy".

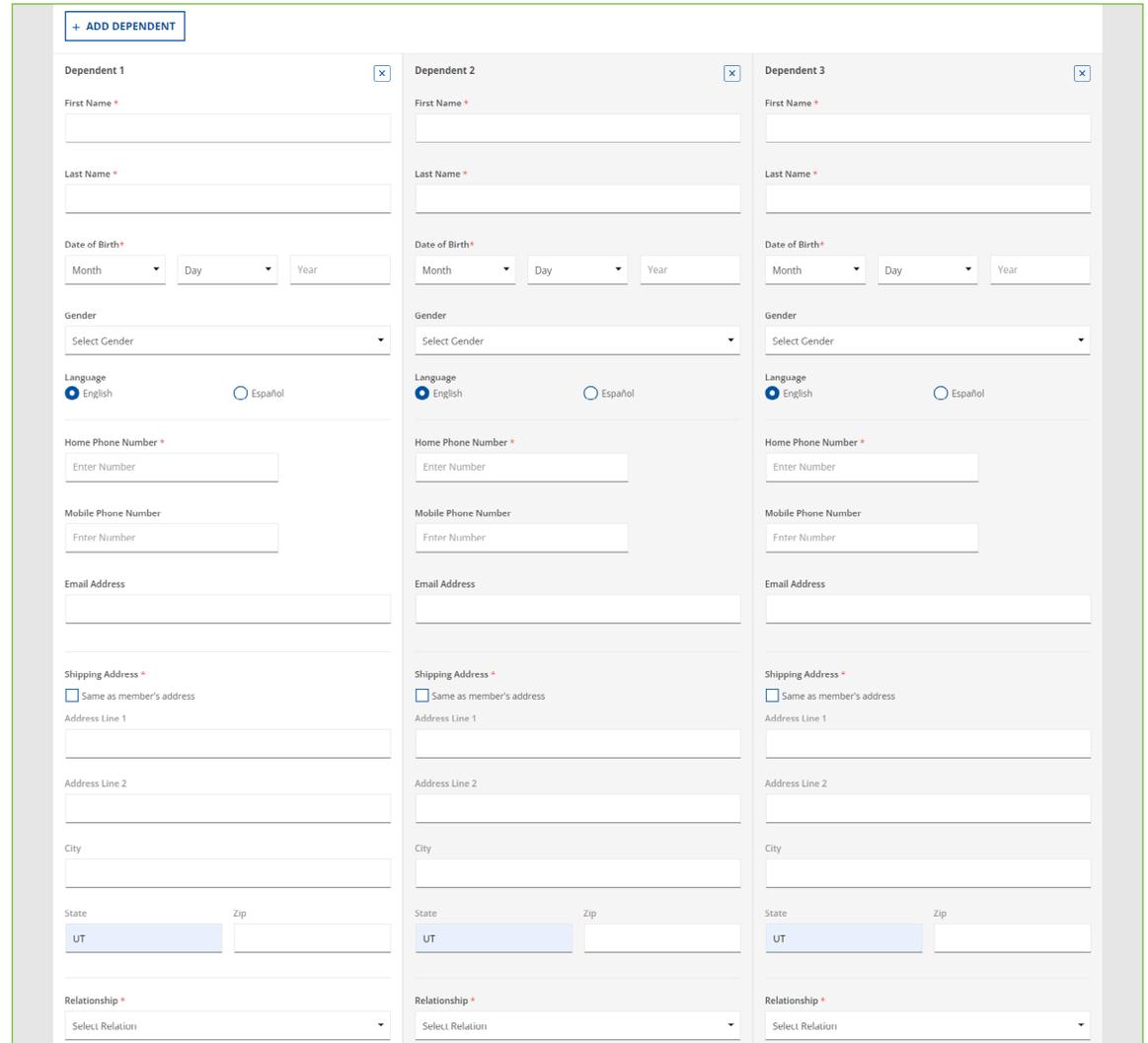
All fields marked with an * asterisk are required.

2. Add Dependents

- a. First Name*
- b. Last Name*
- c. Date of Birth*
- d. Gender (Defaults to Select Gender)
 - i. Female
 - ii. Male
- e. Language (Defaults to English)
 - i. English
 - ii. Español
- f. Home Phone Number*
(111-222-3333)
- g. Mobile Phone Number
- h. Shipping Address
 - i. Address Line 1*
 - ii. Address Line 2
 - iii. City
 - iv. State
 - v. Zip

By checking the same as member's address, the address entered for the Cardholder will auto populate for the Shipping Address.

- i. Relationship*
 - i. Spouse
 - ii. Child
 - iii. Other

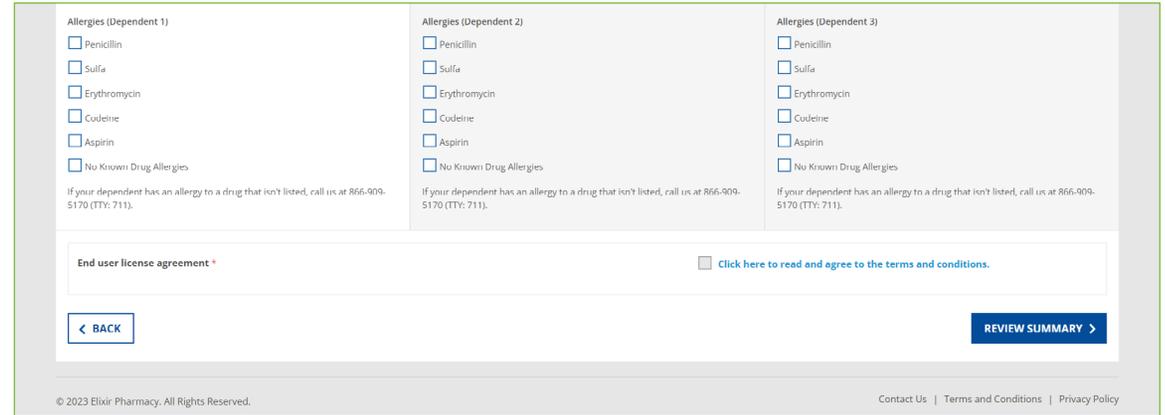


All fields marked with an * asterisk are required.

j. Allergies

- i. Penicillin
- ii. Sulfa
- iii. Erythromycin
- iv. Codeine
- v. Aspirin
- vi. No Known Drug Allergies

If your dependent has an allergy to a drug that isn't listed, call us at 866-909-5170 (TTY: 711).



The screenshot shows a registration form with three columns for dependent allergies. Each column has checkboxes for Penicillin, Sulfa, Erythromycin, Codeine, Aspirin, and No Known Drug Allergies. Below each column is a note: "If your dependent has an allergy to a drug that isn't listed, call us at 866-909-5170 (TTY: 711)." Below the allergy sections is a section for the "End user license agreement" with a checkbox and a link that says "Click here to read and agree to the terms and conditions." There are "BACK" and "REVIEW SUMMARY" buttons at the bottom of the form.

3. End user license agreement

In order to complete the registration process, select the **CLICK HERE TO READ AND AGREE TO THE TERMS AND CONDITIONS** checkbox. The checkbox here will be gray and **CANNOT** be checked until you click on the text "Click here to read and agree to the terms and conditions."

If this step is missed, you will not be able to select **REVIEW SUMMARY**.

[View the Terms and Conditions here.](#)

Once the Terms and Conditions are reviewed and accepted, select **REVIEW SUMMARY**.

All fields marked with an * asterisk are required.

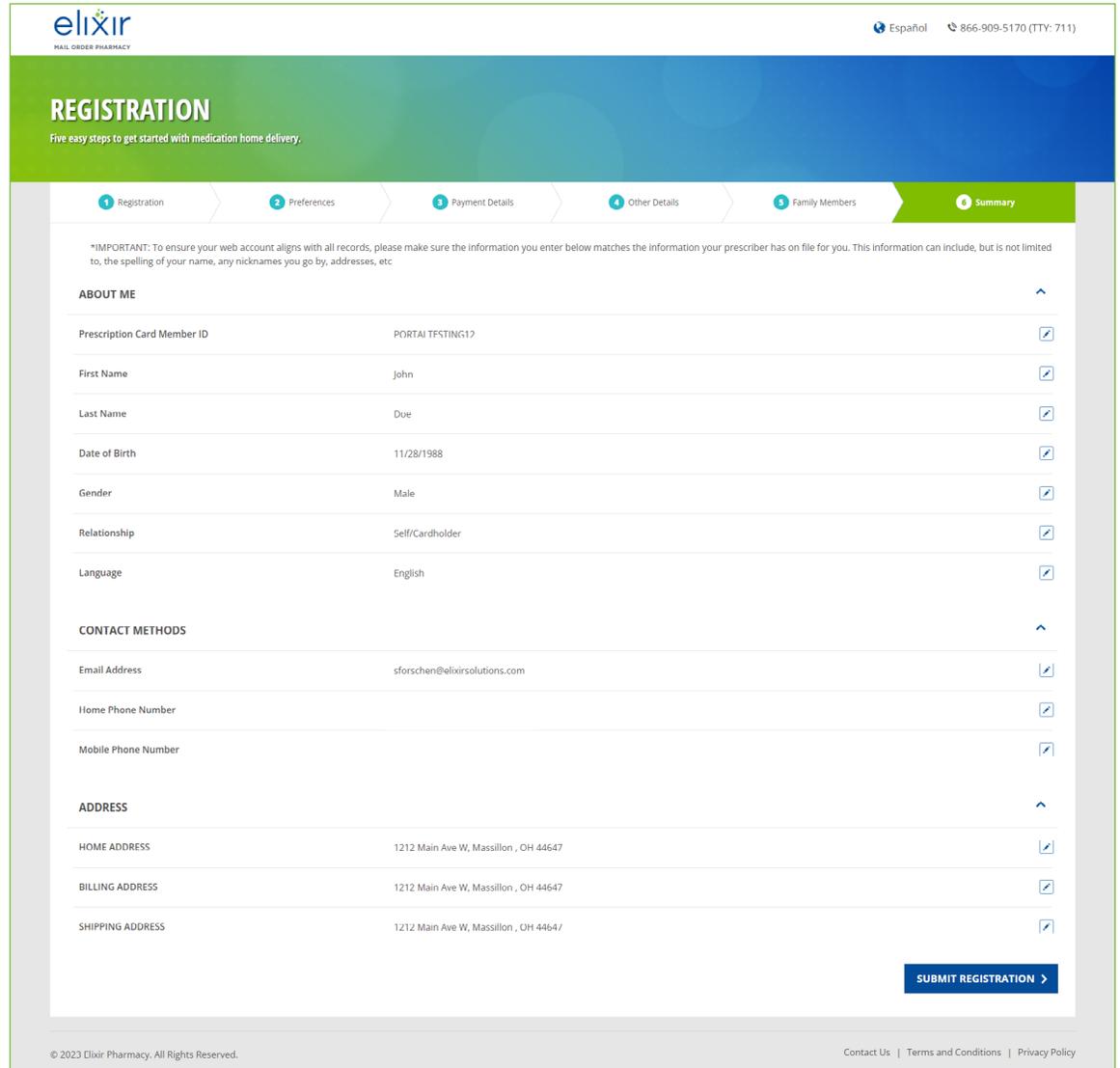
Summary

1. Review and Submit

- a. Once you have carefully reviewed the summary, select **SUBMIT REGISTRATION**.

2. Complete

Once registration is completed, the below screen will appear. By selecting **SIGN IN**, you will be redirected to the sign in screen where you will need to enter the username and password created earlier in the registration process.



REGISTRATION
Five easy steps to get started with medication home delivery.

1 Registration 2 Preferences 3 Payment Details 4 Other Details 5 Family Members 6 Summary

*IMPORTANT: To ensure your web account aligns with all records, please make sure the information you enter below matches the information your prescriber has on file for you. This information can include, but is not limited to, the spelling of your name, any nicknames you go by, addresses, etc.

ABOUT ME

Prescription Card Member ID	PORTAL TFSTING12	<input checked="" type="checkbox"/>
First Name	John	<input checked="" type="checkbox"/>
Last Name	Due	<input checked="" type="checkbox"/>
Date of Birth	11/28/1988	<input checked="" type="checkbox"/>
Gender	Male	<input checked="" type="checkbox"/>
Relationship	Self/Cardholder	<input checked="" type="checkbox"/>
Language	English	<input checked="" type="checkbox"/>

CONTACT METHODS

Email Address	sforschen@elixirsolutions.com	<input checked="" type="checkbox"/>
Home Phone Number		<input checked="" type="checkbox"/>
Mobile Phone Number		<input checked="" type="checkbox"/>

ADDRESS

HOME ADDRESS	1212 Main Ave W, Massillon, OH 44647	<input checked="" type="checkbox"/>
BILLING ADDRESS	1212 Main Ave W, Massillon, OH 44647	<input checked="" type="checkbox"/>
SHIPPING ADDRESS	1212 Main Ave W, Massillon, OH 44647	<input checked="" type="checkbox"/>

SUBMIT REGISTRATION >

© 2023 Elixir Pharmacy. All Rights Reserved. [Contact Us](#) | [Terms and Conditions](#) | [Privacy Policy](#)

Resources

If you need any help with the registration process please call
Customer Care at 866-909-5170 (TTY: 711)

Elixir Mail Order Pharmacy's login page: elixir.info/mail

View the Terms and Conditions by [clicking here](#).