

Registering New MedOne Account

Go to: <https://allegiantrx.medone-rx.com/sign-in>

Click the “Register” Button

Fill in name, DOB, Cardholder ID, phone, email. Create username and password.

Create Your Account

Basic Info

First Name *

Last Name *

Date of Birth *

Cardholder ID *

Cardholder ID may also be listed as Subscriber (ID, Number) or Member (ID, Number) on your ID card. This is NOT your full name.

Phone Number *

Enter your cell phone number in the format: xxx-xxx-xxxx. Phone number may be utilized for account confirmation.

Login Info

Email *

Username *

Password *

Confirm Password *


CREATE MY ACCOUNT

[< Back](#)

By creating an account you agree to our [Terms of Service](#) and [Privacy Policy](#)

Enrolling in Mail Order

Click the “My Mail Order” button



powered by med@one

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

Home

Mail Order

Plan Information

Resources & Forms

Profile

Notifications

Manage My Account

Company Info

Contact Us

About Us

Sign Out

My Mail Order

Notifications

Click the Enroll Link for each person you wish to enroll.

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

Mail Order



Allegiant Rx offers mail order delivery of medications via MedOne Pharmacy Services. Our mail order service will deliver your medications to your doorstep and save you a trip to the pharmacy.

We also recommend mail order delivery for maintenance medications for your convenience.

My Enrollment Status

Todd

Enroll

Important Note: Spouses and adult dependents will need to register separately and complete the enrollment process using their own accounts.

Fill in Demographics for the person you're enrolling

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Mail Order
- Plan Information
- Resources & Forms
- Profile
- Notifications
- Manage My Account
- Company Info
- Contact Us
- About Us

Demographics

Fields marked with an asterisk (*) are required.

Member

Coverage




Member ID: .

BIN:

Group:

Complete Preferences. For Fill Preferences, you need to select Call-In Program to proceed.

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Home
- Mail Order
- Plan Information 
 - Resources & Forms
- Profile 
 - Notifications
 - Manage My Account
- Company Info 
 - Contact Us
 - About Us
- Sign Out

Enrollment Progress

Step 2 / 8

Preferences

Fill Preferences

- **Call-In Program**

You will need to request a refill from the Mail Order screen or contact the mail order pharmacy to refill your prescriptions. Full payment is required for your prescription prior to MedOne mailing them to your location of choice. Please provide 10-14 days for delivery of medication from the time requested.

Packaging

- ☐ Childproof safety caps.
- ☒ Easy open caps. These caps are not childproof.

[Back](#)

Next

Select any medical conditions that apply or Next to continue

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Home
- Mail Order
- Plan Information
- Resources & Forms
- Profile
- Notifications
- Manage My Account
- Company Info
- Contact Us
- About Us
- Sign Out

Enrollment Progress Step 3 / 8

Medical Conditions

- ☐ Allergies, hay fever
- ☐ Asthma
- ☐ Chronic bronchitis/emphysema (COPD)
- ☐ Depression
- ☐ Enlarged prostate
- ☐ Glaucoma
- ☐ High blood pressure
- ☐ Inflammatory bowel disease
- ☐ Osteoporosis
- ☐ Poor circulation
- ☐ Seizures
- ☐ Stroke
- ☐ Other Conditions
- ☐ Arthritis
- ☐ Blood clotting disorders
- ☐ Congestive heart failure
- ☐ Diabetes
- ☐ Gastric reflux, heartburn (GERD)
- ☐ Heart attack or angina
- ☐ High cholesterol
- ☐ Migraine headaches
- ☐ Peptic, stomach or duodenal ulcer
- ☐ Pregnancy
- ☐ Smoker
- ☐ Thyroid disease

Back

Next

Select any allergies that apply or Next to continue

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Home
- Mail Order
- Plan Information
 - Resources & Forms
- Profile
 - Notifications
 - Manage My Account
- Company Info
 - Contact Us
 - About Us
- Sign Out

Enrollment Progress Step 4 / 8

Allergies

- ☒ No Drug Allergies
- ☐ Penicillins/cephalosporins
- ☐ Tetracycline Antibiotics
- ☐ Erythromycin, Biaxin, Zithromax
- ☐ Codeine
- ☐ Non-Steroidal anti-inflammatory drug (NSAIDS)
- ☐ Sulfa/sulfonamide medications
- ☐ Iodine
- ☐ Other Medication Allergies

Back

Next

Add HIPAA contacts if desired

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Home
- Mail Order
- Plan Information
 - Resources & Forms
- Profile
 - Notifications
 - Manage My Account
- Company Info
 - Contact Us
 - About Us
- Sign Out

Enrollment Progress Step 5 / 8

HIPAA Authorization

Please list any individuals you would like to grant access to viewing your Personal Health Information (PHI). If you would like to skip this step, press Next.

Person 1

First Name

Last Name

Person 2

First Name

Add payment Information

IMPORTANT – MedOne will not ship prescriptions without payment.



SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Home
- Mail Order
- Plan Information ▼
 - Resources & Forms
- Profile ▼
 - Notifications
 - Manage My Account
- Company Info ▼
 - Contact Us
 - About Us
- Sign Out

Enrollment Progress Step 6 / 8

Payment Information

My Saved Payments

No payment methods saved.

Payment method must be on file before shipping medications. Add a payment method here or call [1-888-655-0143](tel:1-888-655-0143) to add a payment method over the phone.

ADD CREDIT CARD

Back

Next

SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

Home

Mail Order

Plan Information

Resources & Forms

Profile

Notifications

Manage My Account

Enrollment Progress

Step 7 / 8

Review

Enrollment Summary

Patient Information

Scroll to bottom of review screen and check off the two “I agree” boxes, then Submit Enrollment

☒ I agree to the [Terms and Conditions](#)

☒ I agree to the [Privacy Notice](#)

Submit Enrollment



SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION

- Home
- Mail Order
- Plan Information ▼
 - Resources & Forms
- Profile ▼
 - Notifications
 - Manage My Account
- Company Info ▼
 - Contact Us

Enrollment Progress Step 8 / 8

Thank you for enrolling in MedOne Mail Order!

Please transfer a valid prescription from your current pharmacy or request a new one to be filled at MedOne Pharmacy Services.

My Mail Order Patient ID:

(Keep this information handy. Your Pharmacy Team may ask for it.)