

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 *

 mm/dd/yyyy

Cardholder ID *

 10-Digit Number on ID Card

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 *

 XXX-XXX-XXXX

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 *

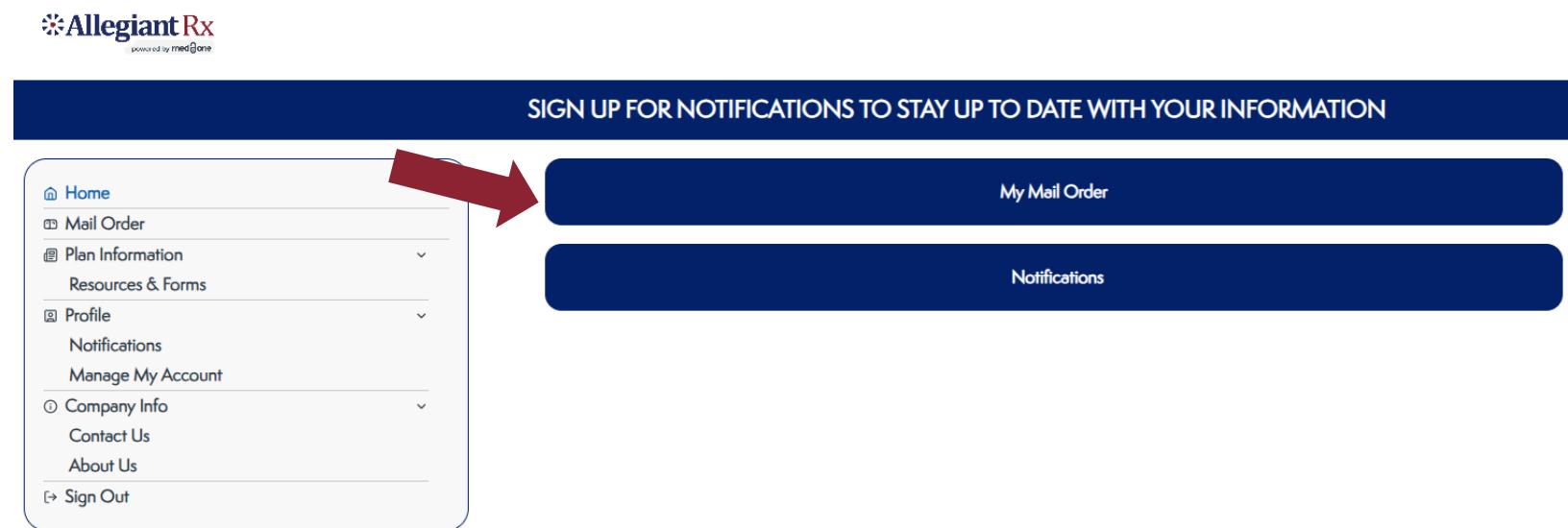
CREATE MY ACCOUNT

< 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



The image shows a screenshot of the Allegiant Rx website. At the top, there is a navigation bar with the Allegiant Rx logo and a "SIGN UP FOR NOTIFICATIONS TO STAY UP TO DATE WITH YOUR INFORMATION" button. Below the navigation bar is a sidebar containing links such as Home, Mail Order, Plan Information, Profile, Company Info, and Sign Out. A red arrow points from the "Mail Order" link in the sidebar to the "My Mail Order" button in the main content area. The "My Mail Order" button is highlighted with a red box.

- Home
- Mail Order
- Plan Information
- Profile
- Company Info
- Sign Out

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

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

Demographics

Fields marked with an asterisk (*) are required.

Member	Coverage
	Member ID:
	BIN:
	Group:

Navigation menu:

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

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

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.

Navigation menu:

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

Select any medical conditions that apply or [Next](#) to continue

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

Enrollment Progress  Step 3 / 8

Medical Conditions

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

[Back](#) [Next](#)

Select any allergies that apply or Next to continue

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

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

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

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**

Review your Info

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

Enrollment Progress Step 7 / 8

Review

Enrollment Summary

Patient Information

- Home
- Mail Order
- Plan Information ▼
 - Resources & Forms
- Profile ▼
 - Notifications
 - Manage My Account

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

Confirmation Page



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.)