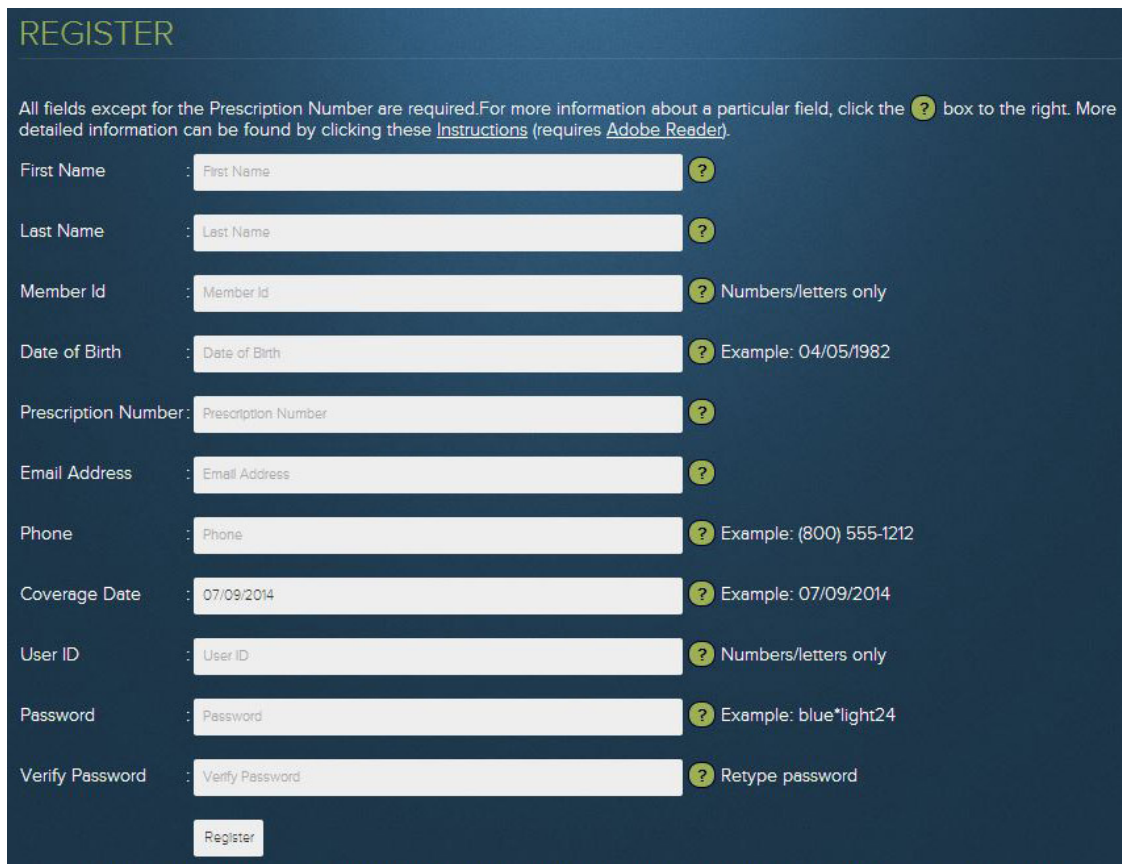
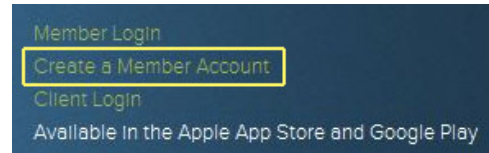


Serving TPA's, Health Plans and Plan Sponsors Nationwide

Member Online Login Instructions

NEW USER REGISTRATION

- On the www.scriptcare.com homepage, click on the “Create a Member Account” button.
- Enter the required information on the “Register” screen (shown below).



REGISTER

All fields except for the Prescription Number are required. For more information about a particular field, click the ? box to the right. More detailed information can be found by clicking these [Instructions](#) (requires [Adobe Reader](#)).

First Name : ?

Last Name : ?

Member Id : ? Numbers/letters only

Date of Birth : ? Example: 04/05/1982

Prescription Number: ?

Email Address : ?

Phone : ? Example: (800) 555-1212

Coverage Date : ? Example: 07/09/2014

User ID : ? Numbers/letters only

Password : ? Example: blue*light24

Verify Password : ? Retype password

• Account Activation Fields

- **First Name** – Enter the first name of the member.
- **Last Name** – Enter the last name of the member.
- **Member ID** – Enter your Script Care Member ID number. This number might be the social security number of the cardholder, or possibly a unique ID number assigned by your Benefits Administrator. This number can contain both numbers and letters. Do not include any dashes or spaces.
- **Date of Birth** – Enter the date of birth of the member in the following format mm/dd/yyyy.

- **Prescription Number** – The prescription number is NOT required to activate your Script Care Member Account. However, you MUST have a prescription number entered to have the ability to view your Prescription History. You must provide a prescription number for a prescription that was recently processed through Script Care. The number can be found on the package that contains your prescription, and can be up to seven digits long.
 - **Email Address** – Please provide a valid email address. This address will be used for things such as if you forget your password. This email will not be given out to any third parties.
 - **Phone Number** – Please enter a valid phone number in the following format (800) 555-1212
 - **Coverage Date** – This field will default to the current date. The default date can be left or changed to a date up to 90 days in the future or past. For example, if your plan is new with an effective date of January 1, 2010 or changes to your current plan will be effective January 1, 2010, the date can be entered as 01/01/2010. All information will be applicable from the date entered here.
 - **User ID** – The User ID must contain letters and/or numbers, and must be at least 8 characters long.
 - **Password** – Please enter the password you would like to use to access your account. Passwords must at least be 8 characters long and consist of at least one letter, one number, and one special character (\$%#@). An example of a valid password would be blue*light24.
 - **Verify Password** – Retype your password
- After all correct account information is entered, hit the “Register” button at the bottom of the page to submit your account information.
 - If you have successfully created your account, you will see a message at the top of the page that says, “Account Successfully Created”.
 - After your successful account creation, be sure to memorize your username and password. You will use these to login to the website in future visits.
 - If you repeatedly receive error messages when trying to register, you can call Script Care Customer Service at 1-800-880-9988 and they will walk you through the registration process. Please have your benefit information ready and the error number received while attempting to register. The error number can be found at the top of the Account Activation screen after an unsuccessful attempt at registering.
 - **Coverage Date Option**
 - When you log in, you can specify a coverage date up to 90 days in the future or past. Once logged in all information will be applicable to the coverage date entered.

The image shows a login form with a dark blue background. At the top, the word "LOGIN" is written in yellow. Below it are three input fields: "Member User ID" with a light blue border, "Password" with a light blue border, and "Coverage Date" with a light blue border and a yellow highlight around it. The "Coverage Date" field contains the text "07/09/2014". Below the fields is a "Login" button and a link that says "Forgot Your Password?".

- Once logged in, you can modify your account options to change the coverage date. All information will be applicable to the coverage date entered.

MODIFY ACCOUNT

All fields except for the Prescription Number and Password Fields are required. For more information about a particular field, click the ? box to the right.

First Name : JOHN ?

Last Name : DOE ?

Member Id : 0129456789 ? Numbers/letters only

Date of Birth : 01/01/1970 ? Example: 04/05/1982

Prescription Number: Prescription Number ?

Email Address : test@scriptcare.com ?

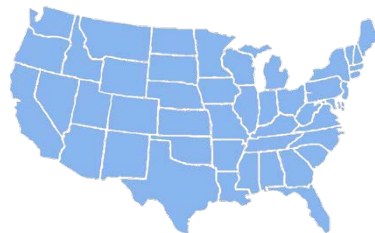
Phone : (800) 555-1212 ? Example: (800) 555-1212

Coverage Date : 07/09/2014 ? Example: 07/09/2014

Password : Password ? Example: blue*light24

Verify Password : Verify Password ? Retype password

Submit Changes



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