Creating a Mail Order Account

1. Click the Create Account button

COSTCO PHARMACY Sea	arch					Q	Sign In / F	Register Orders &	Returns 🛛 📜 Cart
\equiv Shop All Departments	Grocery Bu	usiness Delivery	Optical	Pharmacy	Services	Photo	Travel	Membership	Locations
Delivery ZIP Code: 98027 Chan Lists Reorder	ge								
		Sign i Email. Passw Forgot New t	In n to access y Address ord member Me Password? o Costco.com Cr	our Costco.com	account.	₽			

2. Enter required Information and Click Create Account

Create Account

Create a new Costco.com account.
Email Address
Password
Confirm Password
Add Membership Number (optional) Why?
Membership Number 😮
Create Account
Create Account Yes, I would like to receive emails about special promotions and new product information from Costco. Costco will not rent or sell your email address.
Create Account Yes, I would like to receive emails about special promotions and new product information from Costco. Costco will not rent or sell your email address. By creating an account you agree to Costco com terms and conditions of use.
Create Account Yes, I would like to receive emails about special promotions and new product information from Costco. Costco will not rent or sell your email address. By creating an account you agree to Costco com terms and conditions of use. Not a Costco Member?
Create Account Yes, I would like to receive emails about special promotions and new product information from Costco. Costco will not rent or sell your email address. By creating an account you agree to Costco com terms and conditions of use. Not a Costco Member? Buy Membership

3. Click the **Complete Patient Profile** button



4. Fill out Account & Patient Information and Click the Next button

\equiv Shop All Departments	Grocery	Business Delivery	Optical	Pharmacy	Services	Photo	Travel	Membership	Locations
Delivery ZIP Code: 98027 (Lists Reorder	Change								
Welcome, New User Mail	Order Prescription S	Status In the last 48 hours	: 0 Prescripti	ons Processing	0 Prescriptions SI	hipping			
Home / Patient Profile									
Mail Order	Patient	Profile		Profile > P	rescription I	Info > C	onfirm		
Refill Prescriptions	New Patient	Please complete the Account	t & Patient Inf	o Insurance Pavr	nent Method Add	resses and P	ivacy tabs. Se	ect "Complete Rea	stration" when
Transfer Prescriptions	finished.	Tease complete the Account	a allone nu	o, mourance, r ayn	lent metrioù, Aud	103303, and 13	wacy tabs. Se	siect complete rog	Stration when
New Prescriptions									Needland
Prescription Status	Account &	Patient Info Insurance	Paymer	t Method Add	Iresses Priva	асу			Need Help?
Patient Profile	Patient Inf	ormation							
Drug Directory	Information on	this account pertains to the	patient listed b	elow. Please revie	w and make char	nges as neede	d.		
Customer Service	Patient First Na	ime		M.I. Patie	nt Last Name			- I	
	Data of Pirth								
	Month	×	Dav		V Year		~	1	
	Gender								
	🔿 Male 🔿 F	emale							
Account Information	on								
Email Address Edit		Passwor	d Edit		Costo	o Members	hip Numbe	r	
		******			Add.N	1embership	Number		
						_			
								Next	
									A

5. Enter your Insurance Information

Patient Profile

Profile > Prescription Info > Confirm

New Patient: Please complete the Account & Patient Info, Insurance, Payment Method, Addresses, and Privacy tabs. Select "Complete Registration" when finished.

Account & Patient Info	Insurance	Payment Method	Addresses	Privacy			Need Help'
Vould you like us to bill a pr	escription insurar	ice plan?					
	Sele	ct plan name					
	Sel	ect				\sim	
	Sel	ect					
	Ailig Ailig Aita Am Am Am Am Am Am Am Bu Caj Caj Caj Co Co Co Co	nament Health MED-D a Rx erican Health Care (S erican HealthCare erican HealthCare (H erican HealthCare (M erican HealthCare (M hem BC (SISC III Gr necard e Shield of CA (SISC oitalRx HP Group Commercia HP Group MED-D (M zens Choice (Alignme stco Employee-CHS stco Health Solutions stco Health Solutions	(Prime Therap iCMV) oly Redeemer ountain State I vistock Health; up) III Group) al (MedImpact) edImpact) ent Health) (Smile Brands	peutics) Health System) Health Alliance))			
Select plan name			D				
Select			~				
Prescription Insura Member ID# Policyholder Name	Rx	Group #	F	Relationship to C Select	ardholder		
Policyholder Date Of Birth							
Month	∨ Da	у	✓	ear	\sim		
Plan Name			ni 	nsurance Phone			
Previ	ous					Ne	xt 🕵

6. Enter your payment information

	1					
Account & Patient Info	Insurance	Payment Method	Addresses	Privacy		
Deument Method (ontional					
Payment Method (optional)					
Only one online payment me	ethod may be st	ored at a time.				
Card Number						
1						
MIM/YY						
Cardholder Name						
Add C	ard					
Previo	us					Next
					L	

7. Add a Shipping and Billing address and select Next



My Address Book

Your Address Book is a list of frequently-used billing and shipping addresses. To add a new address, select "Add New Address". To edit, delete, or make one of the listed addresses your default billing or shipping address, select the appropriate link below. Your prescription will be shipped to your Default Shipping Address, which is identified with a check mark.



Need Help?

8. Read and Acknowledge the Privacy Notice



Congratulations!

You've created your patient profile.