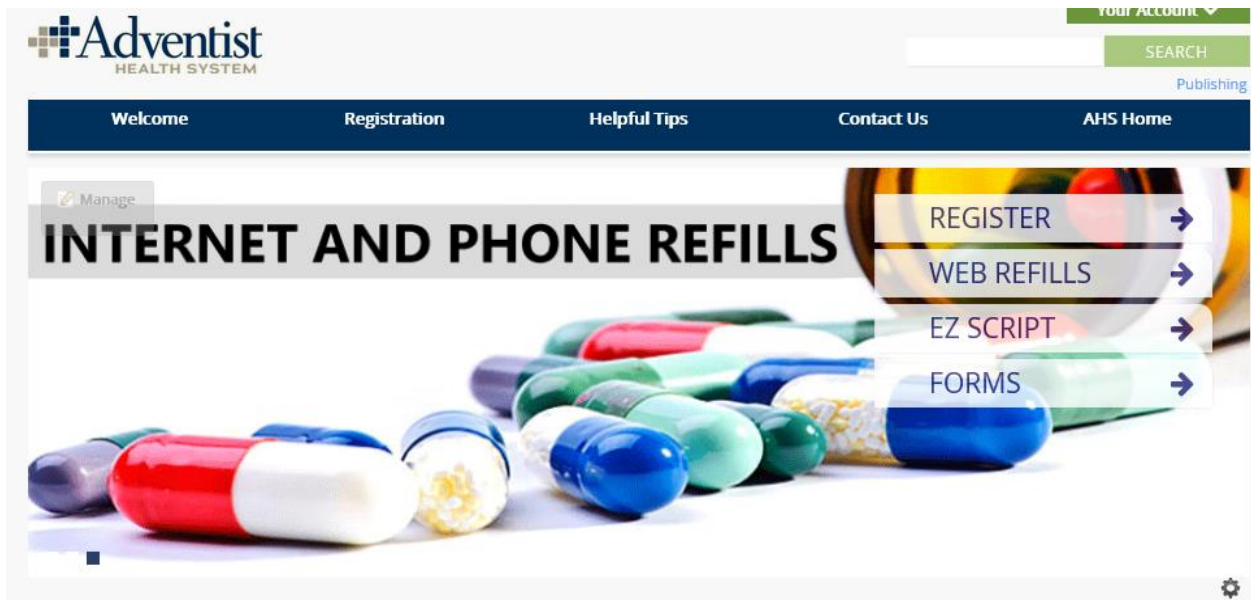


# Web Refill walkthrough RXPlus

## Registration

### Step 1:

Open up web browser and navigate to [www.myahsrx.com](http://www.myahsrx.com)



### Step 2:

Click on web Refills link in webpage banner window



**Step 3:**

Click Register on top right of screen



Refill Request 🔒 Login ➔ Register

  
**RX PLUS PHARMACY**  
A Member of Adventist Health System

## Welcome to Rx Plus Pharmacy's Internet refill system

To access your prescription profile for the first time, you will need to register. To complete the registration process, you will need the following information:

- For the security of your prescription information, the system will send you a confirmation to an email address to activate your account. **You must have an email address to utilize this system.**
- You will need the last 4 digits of your member identification number (this is located on your medical / prescription card).

In our web refill system, a login can be attached to multiple prescription profiles, you do NOT need a separate login for each family member.

### Registration Process

[Click Here to Sign Up](#)

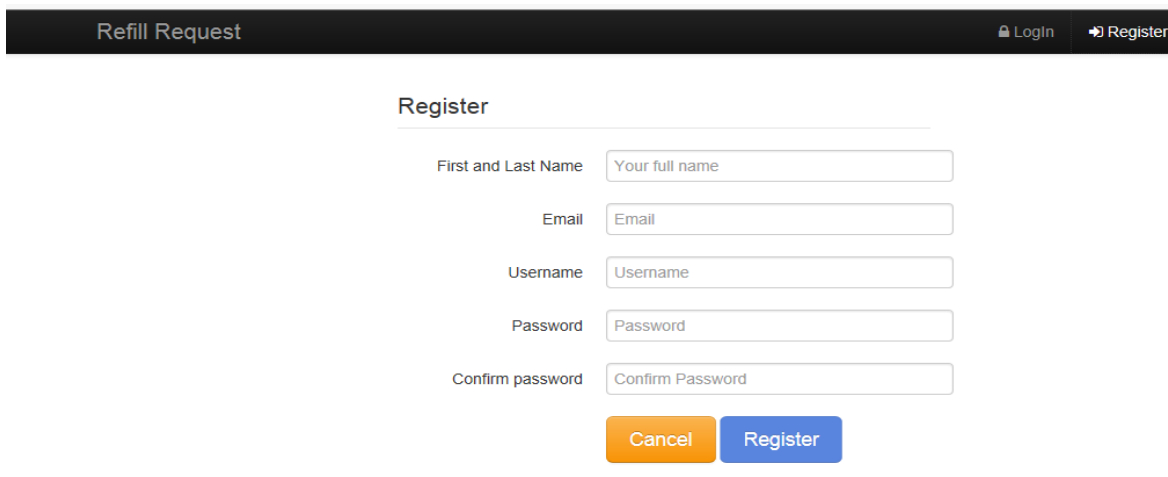
- Click on [Register](#) at the top of the page
- Enter your Name, and email address
- Create a User Name and Password
- Click on the Register Button
- Once you have registered you can add profiles to your login.
- You will need the persons first and last name and the month and year that they were born.
- You will also need the zip code of the address that Rx Plus Pharmacy has on file for that person.
- You will need the last 4 digits of your member identification number (this is located on your medical / prescription card).
- Click on the add profile button at the bottom of the page.

You can sign in to the system with your login and password by going to [MyAHSRx.com](#) and clicking on the refill icon. Keep your login and



**Step 4:**

Create a unique login to register account



Refill Request 🔒 Login ➔ Register

### Register

First and Last Name

Email

Username

Password

Confirm password

**Step 5:**

**Click Add Profile**



**RX PLUS PHARMACY**  
A Member of Adventist Health System

**Pharmacy Information**

582 Monroe Road Suite 1412  
Sanford, FL 32771

**Phone:** (866) 943-4535  
**web:** [MyAHSRx.com](http://MyAHSRx.com)

Hours of operation: Monday - Friday 8AM-5PM  
EST

**How to order refills:**

- Click on the Add to Order button next to the drug you need.
- If you do not see your drug on the list, call Rx Plus at (866) 943-4535.
- Choose all the drugs for that profile.
- Click on the checkout/shopping cart.
- Choose the Delivery Method.
- Choose the Payment method.
- Enter any special instructions, questions, or comments.
- Click Submit to complete your order.

Your most recent orders are always shown at the top of your profile.

Clicking on the Order History button will bring up order details. The details are for the current order and any past orders

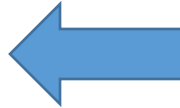
# Welcome to The Web Refill System

Now that you have registered your account, it is time to add personal profile information.

**How?**

- please click on the Add Profile button just after this message
- Fill out the fields on the window for each person you want to add:
- First and last name
- Birth the month and year.
- You will need the last 4 digits of your member identification number (this is located on your medical / prescription card).
- You will also need the zip code of the address that Rx Plus Pharmacy has on file for that person.

Add Profile



**Step 6:**

Please complete all fields are required

**Add Profile**

All fields are required.

First Name <input type="text"/>	Last Name <input type="text"/>
Birth Month <input type="text" value="v"/>	Birth Year (ex: YYYY) <input type="text"/>
Cardholder Number <input type="text"/>	ZipCode <input type="text"/>

**Step 7:**

Cardholder number is the last 4 of your 2015 Insurance ID number, if you are unable to create a profile as shown below please try your 2014 Insurance ID number. This simply means your ID number is not updated in the system with the 2015 ID number. You will not have to re-register when it is updated.

**Add Profile**

Sorry, we are unable to locate your information. 18x

All fields are required.

First Name: JANE      Last Name: JONES

Birth Month: January      Birth Year (ex: YYYY): 1989

Cardholder Number: 6842      Zip Code: 90210

Add Profile      Cancel

**Step 8:**

User will be able to manage their requests by clicking order

Refill Request      Account      Log Out

**RX PLUS PHARMACY**  
A Member of Adventist Health System

**Pharmacy Information**

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Sanford, FL 32771

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web: [MyAHSRx.com](http://MyAHSRx.com)

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- Choose the Delivery Method.
- Choose the Payment method.
- Enter any special instructions, questions, or comments.
- Click Submit to complete your order.

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Clicking on the Order History button will bring up order details. The details are for the current order.

JANE JONES      Update Information      Add Profile      [Trash]

Items in Cart: 0



**Current Order Status**  
Order Number N/A  
Pharmacy Messages

Select All | Clear All      Order History      Check Out

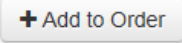
<b>KARIVA 28 DAY TABLET</b> Rx# : XXXXXXX Qty: 84 Refills: 1.34 Last Filled: 12/31/2014	+ Add to Order
<b>FLUTICASONE PROP 50 MCG SPRAY</b> Rx# : XXXXXXX Qty: 48 Refills: 0 Last Filled: 12/4/2013	+ Add to Order
<b>AMOX TR-K CLV 875-125 MG TAB</b> Rx# : XXXXXXX Qty: 28 Refills: 0 Last Filled: 12/4/2013	+ Add to Order
<b>AZELASTINE 137 MCG NASAL SPRAY</b> Rx# : XXXXXXX Qty: 30 Refills: 0 Last Filled: 12/4/2013	+ Add to Order

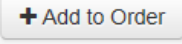
**Step 9:**

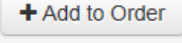
When drug is checked add to order it places a check mark beside drug and allows user to check out

Order History  Check Out 

+ Add to Order ✓



113 


113 


113 


**Step 10:**



The only method available is Ship by Smart Post

Order for JANE JONES  

Shipping: Employee Pickup  Special Instructions: send this to me now


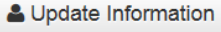
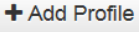

Payment: - Select Payment -  (For updating payment method please call pharmacy.) Shipping Address on File: 123 RXPlus Drive, Hollywood CA. 90210

Medications: Rx 7554648 - KARIVA 28 DAY TABLET 


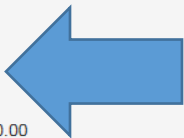
 


**Step 11:**

User will receive confirmation of receipt


JANE JONES    

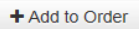
Items in Cart: 0

 **Current Order Status** 

Order Number 990098  Pharmacy Messages

Added Rx: ~~XXXXXX~~ Last amount was \$0.00

Select All | Clear All | Order History  Check Out

KARIVA 28 DAY TABLET 

## Order History

### Orders

Order# <del>900388</del> <b>Order Received</b> <a href="#">[click for details]</a>
Added Rx: <del>7031848</del> Last amount was \$0.00

Cancel

And be able to monitor the status as it goes through the system

**pending** **Printed/Processed**

Should you continue to experience an issue please send email to [AHSWebRefillQuestion@AHSS.ORG](mailto:AHSWebRefillQuestion@AHSS.ORG) with the following information:

Name: (first & Last)

Username:

Date of Birth:

Description of issue:

Email Address:

Your issue will be researched and responded to within 24-48 hrs.