

Mail Order - New Patient



This tutorial will aid New Mail Order Customers in creating their account and submitting their first prescription order.

☰ [Create an account](#)

☰ [Request a Prescription Fill](#)

Create an account

Welcome to Costco Pharmacy!

The instructions below will walk you through setting up an account for **Costco Mail Order**.



Search Medications

Sign In / Register Orders & Returns Cart

Shop All Departments Grocery Business Delivery Optical **Pharmacy** Services Photo Travel Membership Locations

Delivery ZIP Code: 98027 Change Lists | Reorder

Introducing Same Day Prescription Delivery

COSTCO PHARMACY LEARN MORE >

Warehouse Pickup

Refill Prescriptions

Prescription Status

For new prescriptions, contact a warehouse near you.

Drug Pricing
Find pricing and information for prescription and over-the-counter medications.
Check Drug Prices >

Flu Shots Now Available
Reserve your time. Walk-ins also welcome. Wait times may vary.
Learn More >

Medicare Plan Finder
Find Medicare insurance in your area.
Learn More >

Rx Mail Order
Enroll or view your existing home delivery account.
Visit Mail Order >

CONTINUE

Learn more about important **COVID** updates

While Supplies Last Treasure Hunt What's New Online-Only Warehouse Savings Find a Warehouse Get Email Offers Customer Service US

COSTCO PHARMACY Search Medications Sign In / Register Orders & Returns Cart

Shop All Departments Grocery Business Delivery Optical Pharmacy Services Photo Travel Membership Locations

Delivery ZIP Code: **98027** Change
Lists | Reorder

Mail Order

Fill your prescription online and have it mailed to your home

Get Started >

Manage Mail Order Prescriptions

- Fill New Prescriptions
- Refill Prescriptions
- Prescription Status
- Transfer Prescription

KIRKLAND Signature Pharmacy

CONTINUE

Sign In

Sign in to access your Costco.com account.

Email Address

Password

Remember Me

[Sign In](#)

[Forgot Password?](#)

New to Costco.com?

[Create Account](#)

Note: If you already have a Costco account Sign in with your login information instead.

i Each patient is required to create an individual account.

CONTINUE

Enter in the information requested on the Create Account Form

While Supplies Last | Treasure Hunt | What's New | Online-Only | Warehouse Savings | Find a Warehouse | Get Email Offers | Customer Service | US

COSTCO PHARMACY | Search | Sign In / Register | Orders & Returns | Cart

Shop All Departments | Grocery | Business Delivery | Optical | Pharmacy | Services | Photo | Travel | Membership | Locations

Delivery ZIP Code: 95828 | Change Lists | Reorder

Create Account

Create a new Costco.com account.

Email Address

Password

Confirm Password

Add Membership Number (optional) Why?

Membership Number

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

Already have an account? [Sign In](#)

Note: Membership Number is optional.

CONTINUE



Search Medications

My Account

Orders & Returns

Cart

Shop All Departments Grocery Business Delivery Optical Pharmacy Services Photo Travel Membership Locations

Delivery ZIP Code: 98027 Change
Lists | Reorder

Welcome, New User Mail Order Prescription Status In the last 48 hours: 0 Prescriptions Processing | 0 Prescriptions Shipping

Home / Get Started with Mail Order

Mail Order

Refill Prescriptions

Transfer Prescriptions

New Prescriptions

Prescription Status

Patient Profile

Drug Directory

Customer Service

Get Started with Mail Order

It's easy to get started with Costco Pharmacy Mail Order. First you'll complete your patient profile. Then you can order a new prescription.

Please be advised that some insurance plans are NOT contracted with Costco mail order which will prevent the claim from processing. To prevent any delay, please confirm your insurance is listed under the plan name in your patient profile and/or contact your insurance company for further instructions.

If you do not see your insurance plan on the dropdown menu, you may:

1. Fill the prescription using your insurance at the local Costco pharmacy. We are committed to providing great service during these challenging times.
2. Fill the prescription at Costco Mail Order and NOT use your insurance.

Complete Patient Profile

Ordering Options

New Prescriptions

You can mail us your written prescription, or have your doctor contact us with your prescription details

Transfer Prescriptions

If you have previously filled a prescription at a Costco Warehouse Pharmacy, you can transfer it to your Mail Order account for immediate refill.

CONTINUE

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Complete required patient information.

Home / Patient Profile

- Mail Order
- Refill Prescriptions
- Transfer Prescriptions
- New Prescriptions
- Prescription Status
- Patient Profile**
- Drug Directory
- Customer Service

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.

[Need Help?](#)

- Account & Patient Info**
- Insurance
- Payment Method
- Addresses
- Privacy

Patient Information

Information on this account pertains to the patient listed below. Please review and make changes as needed.

Patient First Name M.I. Patient Last Name

Date of Birth

Month Day Year

Gender

Male Female

Set your profile preferences

Preferences

- Yes, use child resistant packaging.
- Yes, substitute a generic equivalent when available.
- Yes, I request refill reminders and that [prescription details](#) be included in my emails for all prescriptions on this account.

Do you have any drug allergies?

Yes No

- Aspirin
- Codeine
- Erythromycin
- Penicillin
- Sulfa Drugs

List Other Allergies

Do you have any medical conditions?

Yes No

- Angina
- Arthritis
- Asthma
- Chronic Heartburn
- Congestive Heart Failure
- Diabetes Mellitus
- Epilepsy
- Glaucoma
- High Blood Pressure
- High Cholesterol/Lipid
- Hypothyroidism
- Kidney Stones
- Liver Disease
- Seasonal Allergies
- Ulcer

List Other Medical Conditions

Are you currently taking any medications?

Yes No

Account Information

Email Address [Edit](#)

Password [Edit](#)

••••••••

Costco Membership Number

[Add Membership Number](#)

Next 

CONTINUE

Please provide us your insurance

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.

[Need Help?](#)

| | | | | |
|------------------------|------------------|----------------|-----------|---------|
| Account & Patient Info | Insurance | Payment Method | Addresses | Privacy |
|------------------------|------------------|----------------|-----------|---------|

Would you like us to bill a prescription insurance plan?

Yes No

Select plan name

Select

- Select
- Aetna**
- Alignment Health MED-D (Prime Therapeutics)
- Alta Rx
- American Health Care (SCMV)
- American HealthCare
- American HealthCare (Holy Redeemer Health System)
- American HealthCare (Mountain State Health Alliance)
- American Healthcare (Tavistock Health)
- Anthem BC (SISC III Group)
- Benecard
- Blue Shield of CA (SISC III Group)
- CapitalRx
- Catalyst RX
- CCHP Group Commercial (MedImpact)
- CCHP Group MED-D (MedImpact)
- Citizens Choice (Alignment Health)
- Costco Employee-CHS
- Costco Health Solutions
- Costco Health Solutions (Smile Brands Inc.)

Enter your Cardholder Information

Select plan name

Prescription Insurance Card

Member ID#

Rx Group #

Policyholder Name

Relationship to Cardholder

Policyholder Date Of Birth

Plan Name

Insurance Phone

Previous

Next

CONTINUE

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Enter your Payment Information

Payment Method (optional)

Only one online payment method may be stored at a time.

Card Number 

Expiration Date

Cardholder Name


Add Card

Previous

Next

CONTINUE

Add a new shipping address

 Costco Mail Order uses the same addresses on file for Costco.com. Please verify the correct shipping address.

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.

The screenshot shows the 'My Address Book' interface. At the top, there are two tabs: 'Shipping' (highlighted in blue) and 'Billing'. Below the tabs is a large white box with a red border containing a blue plus sign and the text 'Add New Address'. At the bottom of the page, there are two navigation buttons: 'Previous' (grey) and 'Next' (blue).

Add address information

Add New Address ✕

First Name

Last Name

Company Name (optional)

Street Address

Apt., Suite, Unit, Etc. (optional)

Zip Code

City


State

 ▼

Phone

Email Address

Cancel

Save Address 

Changes made here to your shipping or billing address will not update the address associated with your membership.

Add a new billing address

| | | | | |
|------------------------|-----------|----------------|------------------|---------|
| Account & Patient Info | Insurance | Payment Method | Addresses | Privacy |
|------------------------|-----------|----------------|------------------|---------|

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.



If the shipping and billing address are the same, select **add new address and check the **Same as Shipping Address** checkbox**

CONTINUE

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Read the privacy acknowledgement

Check the "I have reviewed..." Box

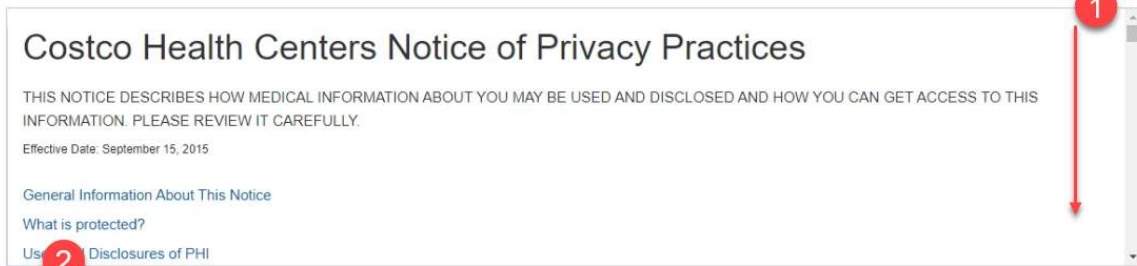
Select Complete Profile button

You authorize Costco to use and disclose personal health information as stated below and in Costco's Health Centers Notice of Privacy Practices.

Costco Health Centers Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
Effective Date: September 15, 2015

General Information About This Notice
What is protected?
Use of Disclosures of PHI



I have reviewed the Costco Health Center Notice of Privacy Practices effective September 15, 2015 (the "Notice") and understand that all my medical information will be used by Costco in accordance with the Notice.

Previous

Complete Profile

CONTINUE

Congratulations!

You've created your patient profile.

Select the **Continue** button for instructions on **filling prescriptions.**

Click to Learn how to request a prescription fill

Request a Prescription Fill

Now that you've made an account, lets **fill** some **prescriptions**.

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Select New Prescriptions

COSTCO PHARMACY

Search Medications

My Account | Orders & Returns | Cart

Shop All Departments | Grocery | Business Delivery | Optical | Pharmacy | Services | Photo | Travel | Membership | Locations

Delivery ZIP Code: 98027 | Change

Lists | Reorder

Welcome, Thomas | Mail Order Prescription Status | In the last 48 hours: 0 Prescriptions Processing | 0 Prescriptions Shipping

Home / Patient Profile

Mail Order

Refill Prescriptions

Transfer Prescriptions

New Prescriptions

Prescription Status

Patient Profile

Account & Patient Info | Insurance | Payment Method | Addresses | Privacy

Profile > Prescription Info > Confirm

Need Help?

Patient Information

Information on this account pertains to the patient listed below. Please review and make changes as needed.

Patient profile has been saved.

Existing Patient: Please review the Account & Patient Info, Insurance, Payment Method, Addresses, and Privacy tabs and make changes as needed. Select "Save Changes" when finished.

Enter your Physicians information

Home / New Prescriptions / Fill New Prescriptions

Mail Order

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New Prescriptions

Prescription Status

Patient Profile

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Customer Service

Fill New Prescriptions

[Profile](#) > [Prescription Info](#) > [Confirm](#)

Use this page to provide us with contact information for your physician, identify the prescription you would like filled, and choose a shipping option for your order.

Physician Information

Physician's Name

Physician's City

Physician's State

Physician's Phone

Your Original Prescription

Do you have a written prescription? Select one of these options

I will mail a prescription to Costco.
I have a written prescription.



My doctor will call or fax Costco.
I do not have a written prescription



Mail Order

Refill Prescriptions

Transfer Prescriptions

New Prescriptions

Prescription Status

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Customer Service

Fill New Prescriptions

[Profile](#) > [Prescription Info](#) > [Confirm](#)

Use this page to provide us with contact information for your physician, identify the prescription you would like filled, and choose a shipping option for your order.

Physician Information

Physician's Name

Physician's City

Physician's State

Physician's Phone

Your Original Prescription

Do you have a written prescription? Select one of these options

I will mail a prescription to Costco.
I have a written prescription.



My doctor will call or fax Costco.
I do not have a written prescription.

Mail Prescription

Selecting this option will require you to mail the paper prescription to Costco Mail Order.

Mail Order

Refill Prescriptions

Transfer Prescriptions

New Prescriptions

Prescription Status

Patient Profile

Drug Directory

Customer Service

Fill New Prescriptions

[Profile](#) > [Prescription Info](#) > [Confirm](#)


Use this page to provide us with contact information for your physician, identify the prescription you would like filled, and choose a shipping option for your order.

Physician Information

Physician's Name

Physician's City

Physician's State

Select 

Physician's Phone

Your Original Prescription

Do you have a written prescription? Select one of these options

I will mail a prescription to Costco.
I have a written prescription.

My doctor will call or fax Costco.
I do not have a written prescription.



My doctor will call or fax

Selecting this option will signify that a prescription will be sent to Costco via Fax, Phone, or Electronically.

Enter your prescription information

Prescription Information

Click Search for Drug to find out and fill in each prescription drug name. Using this search function will automate drug and formulation matching, and will speed the processing of your prescription request.

Select Drug

Search for Drug 

Search for Drug

Search for Drug

or Enter Drug Information

Prescription drug name 

Prescription drug name

Prescription drug name

Use generics if possible

Use generics if possible

Use generics if possible



Add More Prescriptions 

Prescription Information

Click Search for Drug to find out and fill in each prescription drug name. Using this search function will automate drug and formulation matching, and will speed the processing of your prescription request.

Select Drug

or Enter Drug Information

Use generics if possible

Use generics if possible

Use generics if possible



[Add More Prescriptions](#)

Prescription Drug Name


Enter the name of the drug you are taking.
Only one drug per line.

Prescription Information

Click Search for Drug to find out and fill in each prescription drug name. Using this search function will automate drug and formulation matching, and will speed the processing of your prescription request.

Select Drug

or Enter Drug Information

| | | |
|---|---|--|
| Search for Drug  | <input type="text" value="Prescription drug name"/> | <input checked="" type="checkbox"/> Use generics if possible |
| Search for Drug | <input type="text" value="Prescription drug name"/> | <input checked="" type="checkbox"/> Use generics if possible |
| Search for Drug | <input type="text" value="Prescription drug name"/> | <input checked="" type="checkbox"/> Use generics if possible |



[Add More Prescriptions](#)

Search for Drug

Use to search for the drug you are taking

Prescription Information

Click Search for Drug to find out and fill in each prescription drug name. Using this search function will automate drug and formulation matching, and will speed the processing of your prescription request.

| | | |
|---------------------------------|---|--|
| Select Drug | or Enter Drug Information | |
| Search for Drug | <input type="text" value="Prescription drug name"/> | <input checked="" type="checkbox"/> Use generics if possible |
| Search for Drug | <input type="text" value="Prescription drug name"/> | <input checked="" type="checkbox"/> Use generics if possible |
| Search for Drug | <input type="text" value="Prescription drug name"/> | <input checked="" type="checkbox"/> Use generics if possible |

[Add More Prescriptions !\[\]\(33a7c4ce130244e35806170da3f7d150_img.jpg\)](#)

Add more prescriptions

Select this button to add more prescriptions.

Select a shipping option

Shipping Option

| Shipping Option | Cost | Processing Time | Shipping Time | Average Time to Delivery |
|--|---------|-----------------|---------------|--------------------------|
| <input checked="" type="radio"/> Standard USPS | Free | 1 to 4 Days | 5 to 10 Days | 6 to 14 Days |
| <input type="radio"/> 3 Day Shipping | \$10.95 | 1 to 4 Days | 3 Days | 3 to 6 Days |
| <input type="radio"/> 2 Day Shipping | \$13.95 | 1 to 4 Days | 2 Days | 2 to 5 Days |

Expedited services provided by UPS. Weekend delivery not included. PO Boxes are not accepted. Shipping to Alaska & Hawaii may require an additional 1 - 2 Days.





Additional Comments (optional)

Please type any special instructions here.

[Next !\[\]\(bcc1d81adafded39b752331b5a1ae4fa_img.jpg\)](#)

[CONTINUE](#)

Select a delivery preference

  [My Account](#) [Orders & Returns](#)  [Cart](#) 

[Shop All Departments](#) [Grocery](#) [Business Delivery](#) [Optical](#) [Pharmacy](#) [Services](#) [Photo](#) [Travel](#) [Membership](#) [Locations](#)

Delivery ZIP Code: **95828** [Change](#)
[Lists](#) | [Reorder](#)

Welcome, Thomas [Mail Order Prescription Status](#) In the last 48 hours: [3 Prescriptions Processing](#) | [0 Prescriptions Shipping](#)

[Home](#) / [New Prescriptions](#) / [Confirm Prescription Request](#)

[Mail Order](#)

[Refill Prescriptions](#)

[Transfer Prescriptions](#)

New Prescriptions

[Prescription Status](#)

[Patient Profile](#)


Confirm Prescription Request


[Profile](#) > [Prescription Info](#) > [Confirm](#)

Please verify your order details then select a delivery preference, below.

Delivery Preference

When would you like us to ship your order?

Ship my order as soon as my prescription is ready. My credit card will be charged automatically, as soon as my order is completed and shipped. 

Notify me by email when my prescription and insurance (if applicable) have been verified. I will return to the site to review the billing and shipping information and complete my order at a later date. I will not be charged until I complete my order. 



Search Medications



My Account

Orders & Returns

Cart

- Shop All Departments
- Grocery
- Business Delivery
- Optical
- Pharmacy
- Services
- Photo
- Travel
- Membership
- Locations

Delivery ZIP Code: **95828** [Change](#)
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[Mail Order](#)

Confirm Prescription Request

[Profile](#) > [Prescription Info](#) > [Confirm](#)

[Refill Prescriptions](#)

Please verify your order details then select a delivery preference, below.


[Transfer Prescriptions](#)

Delivery Preference

New Prescriptions

When would you like us to ship your order?

[Prescription Status](#)

- Ship my order as soon as my prescription is ready. My credit card will be charged automatically, as soon as my order is completed and shipped. 
- Notify me by email when my prescription and insurance (if applicable) have been verified. I will return to the site to review the billing and shipping information and complete my order at a later date. I will not be charged until I complete my order.

[Patient Profile](#)

Ship when ready

Selecting the "**Ship my order as soon as possible**" button will authorize Costco Mail Order to send your prescriptions to you once processed.



Search Medications



My Account

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Delivery ZIP Code: **95828** [Change](#)
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Welcome, Thomas [Mail Order Prescription Status](#) In the last 48 hours: [3 Prescriptions Processing](#) | [0 Prescriptions Shipping](#)

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New Prescriptions

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Confirm Prescription Request

[Profile](#) > [Prescription Info](#) > [Confirm](#)

Please verify your order details then select a delivery preference, below.

Delivery Preference

When would you like us to ship your order?

- Ship my order as soon as my prescription is ready. My credit card will be charged automatically, as soon as my order is completed and shipped.
- Notify me by email when my prescription and insurance (if applicable) have been verified. I will return to the site to review the billing and shipping information and complete my order at a later date. I will not be charged until I complete my order.



Notify me

Selecting the "**Notify me by email**" option will require Costco Mail Order to notify you when your prescriptions have been processed.

Once processed you **must** go to my cart (upper right corner) to complete your purchase before Costco Mail Order will ship the medications.



Search Medications



My Account

Orders & Returns



- Shop All Departments
- Grocery
- Business Delivery
- Optical
- Pharmacy
- Services
- Photo
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Delivery ZIP Code: 95828 [Change](#)
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Welcome, Thomas [Mail Order Prescription Status](#) In the last 48 hours: [3 Prescriptions Processing](#) | [0 Prescriptions Shipping](#)

[Home](#) / [New Prescriptions](#) / [Confirm Prescription Request](#)

[Mail Order](#)

Confirm Prescription Request

[Profile](#) > [Prescription Info](#) > [Confirm](#)

[Refill Prescriptions](#)

Please verify your order details then select a delivery preference, below.

[Transfer Prescriptions](#)

Delivery Preference

New Prescriptions

When would you like us to ship your order?

[Prescription Status](#)

Ship my order as soon as my prescription is ready. My credit card will be charged automatically, as soon as my order is completed and shipped.

[Patient Profile](#)

Notify me by email when my prescription and insurance (if applicable) have been verified. I will return to the site to review the billing and shipping information and complete my order at a later date. I will not be charged until I complete my order.

Shopping Cart

If the "Notify me by email" option is selected, you must return to your shopping cart once your prescriptions have been processed.

Confirm your order

Shipping Address

[Blurred address field] [Change](#)

Billing Address

[Blurred address field] [Change](#)

Shipping Option

Standard USPS: Free
6 to 14 days to delivery. [Edit](#)

Payment Method

Master Card ending in [blurred]
Expires 12/24 [Change](#)

Patient & Physician Information

Patient: [blurred]

Physician: [blurred]


Physician Phone: [blurred]

Prescriptions in this Order

| | Drug Name | Generic Requested | Additional Comments |
|------------------------|-----------|-------------------|---------------------|
| Remove | test | Yes | Yes |

[Modify Prescription Request](#)

[Complete Prescription Request](#)

 **Reminder:** If you selected the "Notify me by email" option, you must return to the shopping cart and check out your prescription to complete your purchase.