

Registering an Account with PPS  
PHARMACY

Getting Setup with PPS:

1. Go to [www.ppsrx.com](http://www.ppsrx.com)
2. Create an account by selecting the link under the “Sign In” option”

[Home](#) > [Sign In](#)

## Sign In

Sign in to your existing Postal Prescription Services account.

Email Address

Password

[Forgot your password?](#)

Remember Me

[Sign In](#)

New to Postal Prescription Services? [Create an account.](#)

3. You will be directed to the “Create an Account” page.
4. You will need to enter an email address and password to create an account.  
**\*\*Note:** Each adult member of the household must use a unique email address to create their individual PPS accounts.

[Home](#) > [Create an Account](#)

## Create an Account

Email Address

Confirm Email Address

Password

By creating an account, you agree to our [Terms and Conditions](#) and our [Privacy and Security](#) policies.

[Create Account](#)

## Registering an Account with PPS PHARMACY

- Once you have entered an email address and password select “Create Account”.
- Once an account is created you will be directed to the “Add a Patient” page where you will make one of two selections:
  - Request New Patient (for new members who have never used PPS or a Kroger Pharmacy)
  - Add Online Prescription Management (for members who have used a Kroger Pharmacy)



### Manage Patients

#### Add a Patient

Add Online Prescription Management

### Account Settings

Account Summary

### Drug Information

Medication Toolbox

## Add a Patient

### First-Time Patient?

You're about to make managing your prescriptions easier than ever! First, if you're new to PPS or the Kroger Family of Pharmacies, you'll need to fill out a new patient request form. Then, once we verify your information, your prescriptions will be mailed directly to you.

After you've received your prescription(s), you can add Online Prescription Management by following the instructions below.

Let's get started!

[Request New Patient](#)

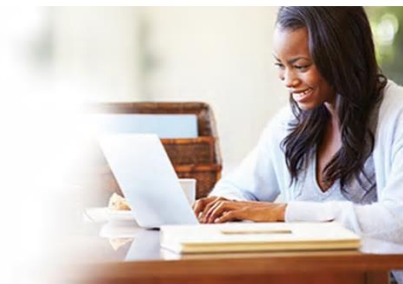
Already have a prescription?

### Add Online Prescription Management

You can add Online Prescription Management for yourself or any patient who has already filled a prescription with PPS or a Kroger Family of Pharmacies. Online Prescription Management makes refills and prescription requests easier than ever!

To begin, you'll need the prescription number from any PPS or Kroger Family of Pharmacies prescription label.

[Add Online Prescription Management](#)



- If you have never used a PPS or a Kroger Pharmacy select “Request New Patient” which will direct, you to complete the following form:

### New Patient Request Form

If you have not filled an existing prescription with PPS or a Kroger Family of Pharmacies before or need to transfer a prescription from another pharmacy, please fill out the form below to request a new patient.

Patient 1

**Patient Details**

Patient Type \*  
Select...

First Name \*  
MI  
Last Name \*

Date of Birth \*  
Select a Month  
Day \*  
DD  
Year \*  
YYYY

Gender \*  
Select a Gender

**Drug Allergies**

Aspirin  Codeine  Penicillin  Sulfa  No Known Allergies  Other

**Health Conditions**

Asthma  Diabetes  High Blood Pressure  Hyperlipidemia  Heart Disease  Other

**Insurance Information**

Insurance Company or Group Number \*

Insured's Name \*  
Insured's ID # \*

BIN # \*  
PCN # \*

**Prescription Information**

I would like "easy-open" (non-child-restraint) lids on my prescription bottles

What action do you need to take for your prescription(s)? \*  
Select an Action

+ Add another prescription

+ Add Another Patient

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8. At the bottom of this form you will need to select 1 of 3 options:

- Call my doctor: PPS will contact your provider for a new prescription
- Transfer from another pharmacy
- Fill a Paper Prescription: Use this option only if you are mailing in paper prescriptions

**\*\*Note:** Call my Doctor (New) is the preferred method and will expedite the process over the other two options.

Prescription Information

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I would like "easy-open" (non-child-restraint) lids on my prescription bottles

Select an Action

Call my doctor

**Transfer from another pharmacy**

Fill a Paper Prescription

All Fields Required

Name of Medication: \*  Prescription Number: \*

Name of Pharmacy: \*  Pharmacy Phone: \*

I would like to transfer and order a refill for this prescription.

\*Note: It may take up to two business days to contact your prescriber or outside pharmacy(if applicable) and fill your prescription.

[+ Add another prescription](#)

**\*\*Note:** If you select "Transfer from another pharmacy" ALSO check the box below the dropdown options if you need this prescription filled right away. If you DO NOT NEED this prescription filled but want it on file to fill at a later date, do not check the box. If your prescription is held on file you will need to call PPS when ready to fill.

9. If you have used a PPS or a Kroger Pharmacy, PPS can combine your prescription profile for all Kroger affiliated pharmacies, including Fred Meyer by calling PPS Customer Service at 800-552-6694 or you can select the second option "Add Online Prescription Management" on the "Online Prescription Management" page.

**\*\*Note:** If you are unable to view your retail pharmacy claims on your profile after you "Add Myself" you can call PPS Customer Service to help combine your retail and mail order profiles. This is for your convenience only and not required to use PPS Mail Order.

10. Complete the Shipping Details and select "Review My Application"

Shipping Details

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Address \*

Apt. Suite, Etc. (Optional)

City \*

State \*  Zip Code \*

Phone Number \*

**Review My Application**

## Registering an Account with PPS PHARMACY

- Once you select the “Review My Application,” you will need to review your information and submit your application.

**New Patient Request Form**  
If you have not filled an existing prescription with PPS or a Kroger Family of Pharmacies before or need to transfer a prescription from another pharmacy, please fill out the form below to request a new patient.

- Self

<b>Patient Details</b> <b>Health Conditions:</b> Gender: Female Date of Birth: Drug Allergies:	<b>Insurance Information</b> Insurance Company or Group #: Providence HSA Medical Plan Insured Name: Insured ID #: BIN #: PCN #:
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**Prescription Information**  
Easy-open lid on bottles?:  
No  
**Paper (To be Mailed)**  
You must mail your prescription to the address below or you will not receive this medication.  
PPS Prescription Services  
PO BOX 2718  
PORTLAND, OR 97208-2718

**Shipping Details**  
Address:  
Phone:

[Submit Application](#)  
[Back to Edit Form](#)

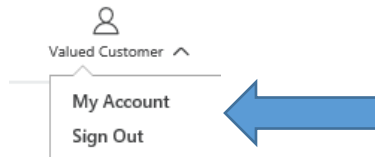
- After submitting your application, you will receive confirmation if the submission was successful.

### New Patient Request Form

If you have not filled an existing prescription with PPS or a Kroger Family of Pharmacies before or need to transfer a prescription from another pharmacy, please fill out the form below to request a new patient.

Your new Patient Request was successfully submitted. If you're filling a prescription now, a Pharmacy Associate may contact you within a few days to confirm details and get your payment information. Otherwise, please contact PPS 10 days prior to the day you need your medication.

- Now that your application has been submitted, you can view your account summary by selecting the icon on the top right and selecting “My Account.”



- Manage Patients**
  - Add a Patient
  - Add Online Prescription Management
- Account Settings**
  - Account Summary
- Drug Information**
  - Medication Toolbox

### Account Summary

Account Information  
Current Email Address:

[Edit](#)

Current Password:  
\*\*\*\*\*

[Edit](#)