

Manage Automatic Refills

Breakdown: New

Change Address

Save Address | Enter New Address

Enter A New Address:

First Name | Last Name

Address Line 1

Address Line 2

City | ST | ZIP

Ship To This Address

Your AutoShip Order Will Be Delivered To:

First Lastname
12345 Street Lane
Cityname, ST 98765

Change only for this delivery | Change for ALL deliveries

I AM SURE I WANT TO CHANGE THE ADDRESS FOR THIS DELIVERY

Change Address

Manage Automatic Refills

Breakdown: New

Change Address

Save Address | Enter New Address

Select from Saved Addresses:

Address 1: 12345 Street Lane, Cityname, ST 98765
Address 2: 65432 Street Lane, Cityname, ST 32109

Use This Address | Use This Address

Your AutoShip Order Will Be Delivered To:

First Lastname
12345 Street Lane
Cityname, ST 98765

Change only for this delivery | Change for ALL deliveries

I AM SURE I WANT TO CHANGE THE ADDRESS FOR THIS DELIVERY

Change Address

Manage Automatic Refills

Breakdown: New

Skip Delivery

Skip delivery for the following order:

ORDER ID: 0123456789

ORDER ITEM 1
ORDER ITEM 2
ORDER ITEM 3
ORDER ITEM 4

What if they want to un-skip the delivery?

Let us know if you want to skip this delivery

Skip Delivery

Manage Automatic Refills

Breakdown: New

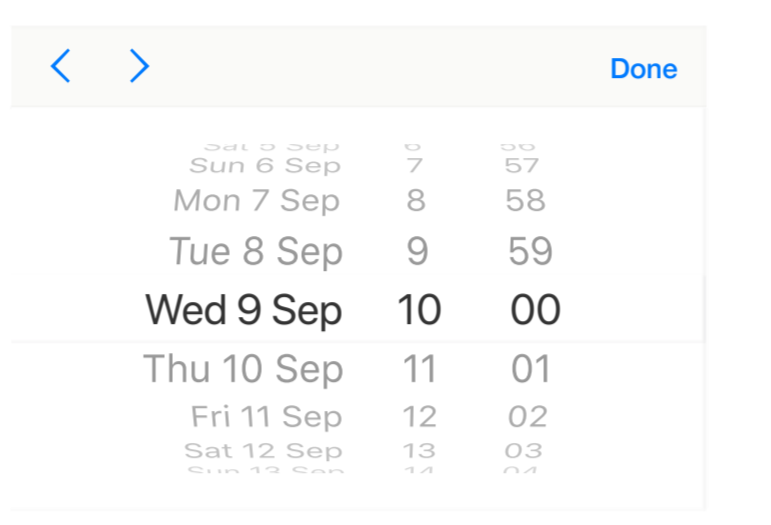
Change Delivery Date

Change delivery date for this order

Date Picker Calendar

Change only for this delivery | Change for ALL deliveries

Confirm Changes



Manage Automatic Refills

Breakdown: New

Change Shipping Method

Current Shipping Method:
USPS Standard Delivery
Price: Free

Select New Shipping Method:

USPS 2-Day Delivery
Price: \$0.00

USPS Next Day Delivery
Price: \$0.00

I AM SURE I WANT TO UPDATE MY SHIPPING METHOD

Update Delivery Method

Manage Automatic Refills

Breakdown: New

Adjust Item Quantity

ORDER ITEM 1
ORDER ITEM 2
ORDER ITEM 3
ORDER ITEM 4

I AM SURE I WANT TO ADJUST THESE QUANTITIES

Update Order

Manage Automatic Refills

Breakdown: New

- PAUSE DELIVERY
- CHANGE DELIVERY DATE
- SKIP THIS MONTH'S DELIVERY
- CHANGE ADDRESS FOR THIS DELIVERY
- CHANGE SHIPPING METHOD
- ADJUST ITEM QUANTITY

Manage Automatic Refills

Breakdown: New

Pause Delivery

Pause all deliveries in this order

Pause deliveries for [ITEM 1]
Pause deliveries for [ITEM 2]
Pause deliveries for [ITEM 3]

Pause for 30 days | Pause for 60 days | Pause for 90 days

Currently Paused Deliveries:

ITEM NAME	PAUSED UNTIL
[ITEM NAME 1]	02/15/2018
[ITEM NAME 2]	04/15/2018
[ITEM NAME 3]	05/27/2018

Confirm Changes

Manage Automatic Refills

Breakdown: New

Pause Delivery

Your orders for the following items have been paused for [44] days:

[ITEM 1]
[ITEM 2]
[ITEM 3]
[ITEM 4]

OK

EHCS
Hello,
The following items have been paused in our automatic refill program for [44] days:
[ITEM NAME 1]
[ITEM NAME 2]
[ITEM NAME 3]
[ITEM NAME 4]
Thank you,
EHCS

Track Order

Track Shipping

TRK0123456789NUM

Delivery Status: En Route

Package Location: Nashville, TN

Delivery Date: January 24

Track on Carrier Website

Change Shipping Address

Save Address | Enter New Address

Enter A New Address:

First Name | Last Name

Address Line 1

Address Line 2

City | ST | ZIP

Ship To This Address

Your AutoShip Order Will Be Delivered To:

First Lastname
12345 Street Lane
Cityname, ST 98765

Change only for this delivery | Change for ALL deliveries

I AM SURE I WANT TO CHANGE THE ADDRESS FOR THIS DELIVERY

Change Address

Change Shipping Address

Save Address | Enter New Address

Select from Saved Addresses:

Address 1: 12345 Street Lane, Cityname, ST 98765
Address 2: 65432 Street Lane, Cityname, ST 32109

Use This Address | Use This Address

Your AutoShip Order Will Be Delivered To:

First Lastname
12345 Street Lane
Cityname, ST 98765

Change only for this delivery | Change for ALL deliveries

I AM SURE I WANT TO CHANGE THE ADDRESS FOR THIS DELIVERY

Change Address

Change Shipping Address

Your address for this shipment (order #ORDER NUMBER) has been updated to:

First Lastname
12345 Street Lane
Cityname ST, 98765

This change of address applies to this shipment only.

OK

EHCS
Hello,
The shipping address for your order of [ITEM NAME] (and [N] more items) has been updated. It will now ship to the following address:
First Lastname
12345 Street Lane
Cityname, ST 98765
Thank you,
EHCS

Cancel Order

ORDER ITEM NAME
ORDER ID: 0123456789

I AM SURE I WANT TO CANCEL THIS ORDER

Cancel Order

Cancel Order

Your order of [ITEM NAME] (and [N] more items) has been canceled. You will receive an email confirmation of this order cancellation.

OK

EHCS
Hello,
Your order of [ITEM NAME] (and [N] more items) has been canceled. Since you are enrolled in Automatic Refills, you need order is on track to ship out on [DATE].
Thank you,
EHCS

Cancel Order

Automatic refills have been turned off for the following items:

[ITEM 1]
[ITEM 2]
[ITEM 3]

OK

Cancel Order

Automatic refills have been turned off for the following items:

[ITEM 1]
[ITEM 2]
[ITEM 3]

OK

Cancel Order

Automatic refills have been turned off for the following items:

[ITEM 1]
[ITEM 2]
[ITEM 3]

OK

Manage Automatic Refills

Turn Off Automatic Refills

Turn off deliveries for all items in this order

Turn off deliveries for [ITEM 1]
Turn off deliveries for [ITEM 2]
Turn off deliveries for [ITEM 3]

I AM SURE I WANT TO TURN OFF THIS ORDER

Confirm Changes

Turn Off Automatic Refills

Automatic refills have been turned off for the following items:

[ITEM 1]
[ITEM 2]
[ITEM 3]

OK

Set Up Automatic Refills

Enroll all items in this order for Automatic Refills

Enroll [ITEM 1] in Automatic Refills
Enroll [ITEM 2] in Automatic Refills
Enroll [ITEM 3] in Automatic Refills

I AM SURE I WANT TO ENROLL ALL AUTOMATIC REFILLS. UNDERSTANDING THAT I WILL BE ABLE TO CONTROL MY REFILLS AND CANCEL AT ANY TIME

Confirm Changes

Set Up Automatic Refills

All set! You have opted to enroll the following items in our Automatic Refills program

[ITEM 1]
[ITEM 2]
[ITEM 3]

We will contact your insurance provider and doctor to verify that these items are eligible for automatic refills. You will receive an email when this is confirmed.

OK

Set Up Automatic Refills

EHCS
Hello,
Thank you for enrolling in the EHCS Automatic Refill program. We are attempting to contact your doctor and insurance provider now to verify that these items are eligible for automatic refills. This takes about 24 hours, so expect to hear from us soon.
Thank you,
EHCS

DASHBOARD ALERT BOX
We are attempting to contact your doctor for auto refills blah blah

Set Up Automatic Refills

EHCS
Hello,
You have successfully enrolled in Automatic Refills with Edwards Healthcare Services. We have verified everything with your insurer. The following items will now be delivered every [N] of [TIME UNIT].
[ITEM 1]
[ITEM 2]
[ITEM 3]
Thank you,
EHCS

DASHBOARD ALERT BOX
You have successfully enrolled in auto refills

Set Up Automatic Refills

EHCS
Hello,
Unfortunately, you attempted to enroll in AutoShip. Unfortunately, the following items are not eligible for automatic refills:
[ITEM 1]
[ITEM 2]
[ITEM 3]
If you have any questions, please contact us at name@myehcs.com or call (888) 555-1234.
Thank you,
EHCS

DASHBOARD ALERT BOX
You have been rejected for auto refills

Set Up Automatic Refills

Enroll all items in this order for Automatic Refills

Enroll [ITEM 1] in Automatic Refills
Enroll [ITEM 2] in Automatic Refills
Enroll [ITEM 3] in Automatic Refills

This item is not eligible for Automatic Refills with your insurance provider. Please contact your insurance provider for more information. (Please contact your insurance provider at 888.555.1234)

OK

IF INSURANCE REJECTS AND CUSTOMER TRIES TO ENROLL AGAIN

Pay Balance Due

Send to 3rd party website

DASHBOARD ALERT BOX
alert_text_neutral

DASHBOARD ALERT BOX
alert_text_red

DASHBOARD ALERT BOX
alert_text_yellow

DASHBOARD ALERT BOX
alert_text_green

Reorder

Reorder Item

Reorder the following item:

[ITEM NAME 1]

Reorder

Reorder Item

The following item has been reordered:

[ITEM 1]

You will receive an email confirmation. Please be aware that because this item is being billed through your insurance it may not be able to be reordered.

OK

DASHBOARD ALERT BOX
Your reorder of [ITEM 1] is being processed through insurance

EHCS
The following item has been reordered:
[ITEM 1]
Please be aware that because this item is being billed through your insurance it may not be able to be reordered.
Thank you,
EHCS

DASHBOARD ALERT BOX
Your reorder of [ITEM 1] has successfully processed

EHCS
The following item has been reordered:
[ITEM 1]
Please be aware that because this item is being billed through your insurance it may not be able to be reordered.
Thank you,
EHCS

Reorder All

Reorder Items

Reorder the following items:

[ITEM NAME 1]
[ITEM NAME 2]
[ITEM NAME 3]

Reorder

Reorder Item

The following items have been reordered:

[ITEM 1]
[ITEM 2]
[ITEM 3]

You will receive an email confirmation. Please be aware that because this item is being billed through your insurance it may not be able to be reordered.

OK

DASHBOARD ALERT BOX
Your reorder of [ORDER #] is being processed through insurance

EHCS
The following item has been reordered:
[ITEM 1]
Please be aware that because this item is being billed through your insurance it may not be able to be reordered.
Thank you,
EHCS

DASHBOARD ALERT BOX
Your reorder of [ITEM 1] has been denied due to [REASON]

EHCS
The following item has been reordered:
[ITEM 1]
Please be aware that because this item is being billed through your insurance it may not be able to be reordered.
Thank you,
EHCS

DASHBOARD ALERT BOX
Your reorder of [ITEM 1] has successfully processed

EHCS
The following item has been reordered:
[ITEM 1]
Please be aware that because this item is being billed through your insurance it may not be able to be reordered.
Thank you,
EHCS