

Enrollment Form

Program Description

As part of Revere Health Pharmacy's Your Script, Your Way bundle of prescription services, **Rx to You** is a full-service prescription mail delivery program at no additional charge to you.* **Rx to You** provides you with a complete and automatic refill service, including: 1) refilling the prescription, 2) billing the prescription to your insurance plan (if you have insurance) 3) charging your co-pay and 4) mailing the prescription to you at the earliest date allowed by law and by your prescription insurance plan, automatically delivering your next refill before the prior fill runs out. Enrollment in this program provides you greater savings on many medications and is automatically renewed each year for your convenience.

Required Information

To facilitate this service, Revere Health Pharmacy requires you to provide the following information, if not already on file:

1. Prescription Information
2. Name, Address, Phone Number
3. Current Prescription Insurance Card
4. Valid Payment Card Number

Value Enhanced Care

Rx to You provides the freedom to receive your medications at home. It saves you time and effort by avoiding travel to another pharmacy to have the prescription transferred or needing refills when pharmacies are closed, safely keeping your prescription records in a single location. Even if you move, Revere Health Pharmacy can continue to provide you with all of the services you have come to enjoy.

Changes or Cancellation

If at any time you would like to change any of the information we have on file for you, if you prefer the medication be sent elsewhere, if you would like to pick up the prescription at Revere Health Pharmacy, if you desire to discontinue this annual service, or wish to add or delete a drug from your list, you may indicate your preferences by notifying a pharmacy staff member. Re-requested transfers to another provider will only be honored if received by Revere Health Pharmacy prior to the shipping of any refill.

Patient Information & Authorization

I agree to participate in Revere Health Pharmacy's **Rx to You Mail Delivery Program**.

Signature

Name (Please Print)

Date

Mailing Address and Billing Information

Phone #

E-mail Address

Street

City

State

Zip

Allergies

Prescription Insurance Card ID#

Group #

BIN#

PCN#

Card Type (VISA, Master Card, etc.)

Card Number

Expiration Date

* Some restrictions apply. Please ask pharmacy staff for details.

* Clinic employees who receive prescription deliveries on behalf of other employees are not liable for lost prescriptions.

Prices and co-pays subject to change. Days supply subject to insurance limitations, state and federal laws. Review your list of mailed medications carefully; federal law prohibits the return of any prescription to the pharmacy. Pharmacy is not responsible for lost prescriptions.