

PATIENT AUTHORIZATION AND PLAN OF SERVICE

Insurance payment authorization: I request that Medicare and/or any other insurance plan that I have to make payments of authorized benefits on my behalf directly to Kelley-Ross Pharmacy for pharmaceuticals that were furnished to me for which they bill Medicare and/or any other insurance plan on my behalf.

Release of insurance information: I request my medical insurance plan(s) to release to Kelley-Ross Pharmacy, any and all information which will assist in processing my claims for pharmaceuticals that I am receiving from Kelley-Ross Pharmacy even after service to me is discontinued. I also authorize any holder of hospital or medical information about me to release to the health care financing administration, its agents, my insurance company or Kelley-Ross Pharmacy any information needed to determine the benefits that are payable for related services.

I understand if my insurance plan(s) makes payment(s) to me for pharmaceuticals that I have received, rather than directly Kelley-Ross Pharmacy, I agree to endorse those checks and send them immediately to Kelley-Ross Pharmacy.

I also understand that I am responsible for the payment of any deductible, co-insurance or other portion of my charges not paid by my insurance plan(s). I also understand that I may be eligible for a partial or complete waiver of any unpaid co-insurance charges only, under the Kelley-Ross Pharmacy financial hardship program.

I hereby agree that Kelley-Ross Pharmacy or any of its affiliates may contact me, or my authorized caregiver, via phone, text, or email that I have provided.

I have reviewed and understand the information above. I have been instructed on and understand the use of the products provided. I have received the products ordered. I have received a copy of a patient handout that contains: patient rights and responsibilities, privacy standards, emergency planning, making decisions about your health care, grievance/complaint information and drug information. I have received monograph/instructions for medications received. I have received pharmacy marketing material and information on the pharmacy's scope of services. I have received instructions on how to follow up with Kelley-Ross Pharmacy.

I understand that prescribed pharmaceuticals cannot be re-dispensed. Therefore, these items cannot be returned for credit.

I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service.