Pharmacy Home Delivery

**Phone: 800-862-1456** P.O. Box 668, Roswell GA 30077 **Fax: 888-805-2406**

# Free Prescription Savings Evaluation Request

Name_____

Address_____

City, State, Zip_____

Phone_____-_____-_____ Allergies_____

**Birth Date** ____-_____-_____ **Medicare #** __ __ __-- __ __-- __ __ __ __--___

**Effective Date Hospital or Part A** _____-_____-_____ **Effective Date Hospital or Part B** _____-_____-_____

| Insurance Information – circle answer | | | |
|---|---|---|---|
| Self Pay | yes no | Medicaid | yes no |
| Part D | yes no | Drug Card | yes no |

Co-pay Generic $_____Brand$_____

**Monthly Income $** _____

Single ☐ Married ☐

Needed to qualify for free drug programs and assistance with Medicare Part D.

**X**_____ _____/_____/_____

Patient or Guardian Signature Relationship if Signed by Guardian Signature Date (Required)

I authorize Pharmacy Home Delivery, LLC (PHD) to contact me and to get my medical information from my Ins. Co. doctor, HHA, hospital or pharmacy as needed. I assign my insurance benefits (AOB) to PHD to directly submit claims on my behalf and to be paid to PHD by Medicare, Medicaid or other insurers (agents or assigns)for products or medications they supply to me at my request I understand that I am responsible for any co-payments, deductibles and non-covered services. I authorize PHD and it's pharmacy to choose a delivery service, common carrier, US Mail or like service to act on my behalf as my "designee" for receiving and delivery of my orders to my address. I authorize that the tracking number provided by the designee shall act as my signature for any pharmacy log or financial transaction requirements. If I decide to pay PHD via credit card or electronic check I authorize PHD to continue future transactions for varying amounts as each order I place requires until cancelled by me and photo copies shall be valid as originals. ANY PART OF THIS AUTHORIZATION MAY BE CANCELLED AT ANY TIME.

| Drug Name | Drug Strength mg, meq, etc | Number pills Day | Amount you pay a month | Notes |
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**Fax to 1-888-805-2406**

**The Solution to the high cost of Prescription Drugs**