Saliba's
Extended Care Pharmacy
An integral piece of your health care puzzle

Billing Agreement

Saliba's Extended Care Pharmacy services include but are not limited to providing prescriptions, maintaining and providing medication administration records, free delivery service, IV services, consultations by our pharmacist, nursing staff, and affiliates and 24-hour emergency service. IV services may include venipuncture, catheter care, assessment and monitoring

Itemized statements are sent out at the beginning of each month for the prescriptions sent the previous month. The statements reflect all costs not paid by the insurance including co-pays, and the cost of the prescription when the item was not covered by the insurance. The balance due is payable directly to Saliba's Extended Care Pharmacy upon receipt. If payment is not received by the 25th of that month, a 1.5% late fee will be added on the next statement. Any discrepancies shown on the statement must be communicated to the pharmacy within 30 days and we will attempt to resubmit the claim electronically. Depending on the plan, the claim may need to be manually submitted to the plan by the responsible party for reimbursement if the plan will not allow us to submit the claims electronically. Each plan has different limits on how far back it will allow us to bill.

By signing this agreement, you agree to continue to receive service from Saliba's Extended Care Pharmacy and guarantee payment for services rendered. If payment is made to you for services rendered by Saliba's Extended Care Pharmacy, you will transfer the payment to Saliba's Extended Care Pharmacy and authorize any applicable pharmacy benefits to be paid directly to Saliba's Extended Care Pharmacy. You also agree to pay any legal fees and court costs incurred in the collection of this account. Signing this agreement also authorizes any third party payer for the patient to disclose any insurance information to Saliba's Extended Care Pharmacy as well as authorizing Saliba's Extended Care Pharmacy to discuss the patient's care and information with other medical professionals involved in the patient's care in accordance with HIPAA guidelines.

Patient Name: _____ Facility: _____

Patient DOB: _____ Patient SSN: _____ Medicare ID: _____

Primary Insurance Company Name: _____

ID: _____ Group: _____ Bin: _____ PCN: _____

Policy Holder: _____ Primary Insurance Company Phone #: _____

Secondary Insurance Company Name: _____

ID: _____ Group: _____ Bin: _____ PCN: _____

Policy Holder: _____ Secondary Insurance Company Phone #: _____

Please attach copies of the front and back of the patient's insurance cards.

*__**Responsible Party Name**__ (print) _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

By providing a credit card number you authorize Saliba's Extended Care Pharmacy to charge the patient's monthly balances to the credit card provided automatically. If no card is provided, you will need to call in or mail in a payment.

Credit Card: _____Exp:_____CCV*:_____

Address the card statement is send to: _____

Responsible Party (sign) _____ Date: _____

*CCV number is the last 3 digit number in the signature panel on all but American Express where it is 4 digits and on the card front.