

## Pharmacy Admission Agreement Please forward to pharmacy when completed and upon discharge.

Date:	
	Date:

All accounts are due and payable by the 25<sup>th</sup> of each month. All payments are to be made directly. Should the account be referred to collection, the undersigned agrees to pay reasonable costs in such a collection effort. Southern Pharmacy Services reserves the right to discontinue providing services for those accounts that are in excess of 90 days delinquent. Should the patient need help enrolling in Medicare Part D, Southern Pharmacy can assist in that process.

I understand that the use of Southern Pharmacy Services as a provider of pharmaceuticals and other necessities is optional. I also understand that Patient Inserts are available upon request.

I agree to the following for all purchases:

- 1. I will pay the entire amount within 30 days of the statement date.
- 2. I will pay for any purchases not payable by Insurance, Medicaid or Medicare.
- 3. I agree in order for the account to remain active, the account must remain current.
- 4. I authorized nursing home personnel to make purchases on this account on behalf of the named resident.
- 5. I understand that this document is to be submitted to the pharmacy before any resident's medications and/or supply orders. If the patient has a Medicare card, a copy should be provided to the pharmacy.
- 6. I understand that Southern Pharmacy Services will request personal patient information from time to time, and that the pharmacy does this in compliance with HIPPA regulations.

Signature of resident/Responsible Party		Date
Street Address		Phone Number
City	State	Zip Code
Medicare Number		Medicare exhausted date
Medicaid Number		Third Party prescription coverage
<ul><li>□ Private</li><li>□ VA Contract</li><li>□ Other, Please specify</li></ul>		