



WELCOME INFORMATION

Welcome to Guardian Pharmacy!

We are so pleased to have been given the opportunity to partner with you. We provide many specialized services such as medication compliance packaging and delivery. We support assisted living residents, the communities in which they live, and individuals needing specialized pharmacy services at home.

Thank you for choosing Guardian Pharmacy,
our team appreciates your business!

Sincerely,
The Team at Guardian Pharmacy of Birmingham

Guardian Pharmacy of Birmingham
1950 Crestwood Boulevard
Birmingham, Alabama 35210
Pharmacy: (205) 451-1822
Fax: (205) 451-1823
Billing Office: (205) 451-1829
MEDS-To-HOME Program: (205) 397-4646



INSTRUCTIONS

It is very important that the pharmacy is given the most current information so that we can properly file your prescription insurance.

Please complete the following steps:

1. Copy and send the most current copy of your Prescription Insurance Card(s)
2. Complete the Enrollment Information Form
3. Complete the Pharmacy Agreement Form
4. Return*

*You can return these items to your facility and they will forward to us, or you can send directly to the pharmacy.

To return directly to the pharmacy:

- Fax to (205) 451-1823
- Scan & Email: Billing@spsrx.net
- Mail to
 - Guardian Pharmacy of Birmingham
Attention: Billing Department
1950 Crestwood Blvd
Irondale, AL 35210

If you have any questions, please feel free to contact a Guardian Pharmacy Representative at **(205) 451-1829**.



ENROLLMENT INFORMATION FORM

Guardian Pharmacy of Birmingham

1950 Crestwood Blvd • Birmingham, AL • 205-451-1829 • Fax 451-1823

Enrollee's name: _____
(First) (Middle Initial) (Last)

Birth date: ____/____/____ Social Security # _____ Male Female

Assisted Living Facility Name: _____ Apt# _____

MEDS-To-HOME

Delivery Address: _____

City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone #: _____

Prescription Drug Insurance

It is very important for you to provide Guardian with the latest **prescription insurance** information to enable accurate billing. Most prescription insurance cards have the following information listed below:

Relationship to Cardholder: Self Spouse Other _____

Primary Prescription Insurance Plan: _____ **Cardholder ID#** _____

Rx Group#: _____ Rx BIN#: _____ PCN # _____

Secondary Prescription (if applicable) Insurance Plan: _____ **Cardholder ID#** _____

Rx Group#: _____ Rx BIN#: _____ PCN # _____

Responsible Party Information

Responsible Party for Payment & Primary Contact Person - Billing Statements will be mailed to this address:

Name: _____ Relationship to Resident: _____

Phone: _____ (Home/Cell) Email: _____
Circle

Address: _____
(Street) (City) (State / zip)

Additional Responsible Party for payment - MUST be completed

Name: _____ Phone: _____ (Home/Cell) Email: _____
Circle

Address: _____
(Street) (City) (State / zip)



PHARMACY AGREEMENT FORM

Guardian Pharmacy of Birmingham

1950 Crestwood Blvd • Birmingham, AL • 205-451-1829 • Fax 451-1823

_____ and _____
(Enrollee Name) (Responsible Party/Secondary Contact)

Payment Information

You will have several avenues for which to make a payment to Guardian of Birmingham. With the receipt of your first statement, you will have the opportunity to sign up for online bill pay with your checking account or credit card. You could instead mail in a check, money order or credit card payment each month.

I/We agree to pay for any purchases made. I agree to pay the entire amount due within 15 days of the statement date shown. I/We authorize facility personnel to make purchases on this account on behalf of the named resident. For Mail Order repackaged medications, a repacking fee per medication per month will be billed to your account. I understand that finance charges may be applied on all past due balances over 30 days. Guardian reserves the right to withhold services if payment is 30 days or more past due and no good faith effort has been made to get the balance current. Payments that remain delinquent may be turned over to collections and reported to credit reporting agencies.

Authorization Assignment Of Benefits And Information Release

I/we authorize any holder of medical and/or insurance information about the above named to disclose such information to Guardian of Birmingham. I further authorize Guardian of Birmingham to disclose any medical/or insurance information: (1) to other professional personnel involved in my care such as my physician, a registered nurse, a pharmacist or other such professional personnel; and (2) to any insurer or other third-party payer who may be responsible for payment or Pharmacy services. I authorize Guardian of Birmingham to request on my behalf all public and private insurance benefits for products/services and authorize payment be made directly to Guardian of Birmingham.

Notification of Privacy Practices

<http://guardianpharmacy.net/spsrx/files/2017/02/Notice-of-Privacy-Practices.pdf>

I certify that I have had an opportunity to review Guardian’s Privacy Notice at the above listed internet link and ask questions to assist me in understanding the rights relative to the protection of the above-named person’s health information. I am satisfied with the explanations provided to me and I am confident that the above-named entity is committed to protecting my health information.

Signed Responsible Party: _____

Date: _____