5169 Brunswick Rd • Box 305 • Brunswick, TN 38014
877-388-0507 toll free • 901-388-0407 fax • www.restorerx.com

This information will be utilized only for the provision of health care and may be rescinded by the patient at any time by contacting a Restore Rx, Inc. pharmacy member.

Assignment of Benefits

I hereby authorize Restore Rx to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Restore Rx for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form.

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges that may be denied by my prescription benefit carrier(s). This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Restore Rx to collect money on my behalf.

I have read, understand and agree to all the information above. A photocopy of this agreement may be used as though it were an original.

This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please print your name: ________________________ Date: ____________________

Patient/Guardian Signature (if applicable): ____________________ Date: ______________

Signature of the Primary Insured: ________________________ Date: ________________

Please retain a copy for yourself and mail the original to: Restore Rx, Inc.,
5169 Brunswick Road, Box 305, Brunswick, TN 38014
Phone (877) 388-0507 | Fax (901) 388-0407

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