



New Patient Agreement

I, the undersigned, state, understand, agree, declare and/or acknowledge:

I voluntarily indicate my intent to participate in the Restore Rx, Inc. (Restore Rx) Program. I understand that, by enrolling in this program, I will receive some or all of the following services from Restore Rx, Inc.:

- Periodic phone calls for medical updates and/or for the purpose of refilling my prescription as prescribed by my physician;
- Assistance with reimbursement issues and/or coordination of benefits with my prescription providers;
- Educational phone calls or mailings relating to my condition;
- Coordination of care between Restore Rx pharmacists and my physician regarding my condition

I also agree that I will remain under physician-supervised care during the course of therapy.

To receive maximum benefit of services provided by Restore Rx, I agree to disclose current prescription and non-prescription medications I am currently taking.

I accept full responsibility for payment of charges incurred for the products and/or services I will receive from Restore Rx. Restore Rx is committed to maximizing the benefits for all entities for which I am enrolled. However, there may be copays and/or deductibles and coinsurance by payers for which I may be responsible. Restore Rx is also committed to assisting me in affording the care prescribed by my physician. Restore Rx will notify me of any out-of-pocket expenses as indicated by my insurance before care is initiated. I will have the responsibility to agree or deny care at that time.

I also agree to notify Restore Rx in a timely manner of any changes to my benefit information so as to not interrupt therapy or care.

I agree I have read and signed documentation relating to HIPAA privacy laws.

If I do not wish to be enrolled in the services listed above, I will declare this in writing and provide to Restore Rx to be included in my health record.



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