



Welcome to Rx Help Centers

Congratulations! We are thrilled that you have chosen Rx Help Centers as your personal prescription advocate!

Rx Help Centers is proud to work on your behalf to save you money on prescription medicine. We believe that you should be able to receive the medicine you need without creating financial duress. Our programs are designed to give you the most assistance on all of your meds so you can concentrate on living life instead of worrying about money.

HIPAA

In order for us to help you, we will need to have a HIPAA form on file that will allow us to speak with your doctors and prescription manufacturers/grantors. I've attached our HIPAA form to this letter so that you may complete your section and return it to us.

Please, when you're filling out this form, only complete the very top portion, inside the red box, containing PATIENT information and sign the form. The other sections are for Rx Help Centers to complete. We will insert your physician's information and the information of the third party involved (manufacturer/grantor) for each medication that we are helping you with.

If you have any questions, please email us at help@rxhelpcenters.com or call us at 866-478-9593.

If you are a part of the Facebook online community, be sure to become a fan of Rx Help Centers' page www.facebook.com/RxHelpCenters!

Jeff Christensen
CEO – Rx Help Centers

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(866)478-9593 phone
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Employee ID:

Employee Registration

Agent/Agency:	Agent ID:	Company:
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Internal Use Only

PATIENT INFORMATION

Last Name:		First Name:	MI:
Address:		SS#:	Birthdate:
Address 2:		Gender (circle one):	Male Female
City:		Size of Household:	
State:	Zip:	Annual Household Income:	
Email:		Insurance Carrier:	
Phone:		Medicare D (circle one):	Yes No
Prescriptions (name, dose, frequency, price):		Prescribing Physician (name, address, phone, fax):	

By completing and submitting this form, you agree to allow an Rx Help Centers advocate to contact you regarding your prescriptions. The information that you provide will be used to determine program eligibility and will NOT be distributed to third parties. Once Rx Help Centers begins to advocate on your behalf, you can expect your brand and specialty medications to be approved in as little as 3 weeks. Generics that we assist will be approved in as little as 3 days. This processing time will vary depending on your cooperation and that of the prescribing physician.

Please initial if you understand and agree with the statement above. *

I Agree _____

Patient Signature _____

Date _____

Please submit this form via

Fax: (866) 938-6151

Email: billing@rxhelpcenters.com



Representation Agreement Prescription Drug Advocacy

In order to successfully assist our clients, Rx Help Centers requires certain permissions to act on their behalf. For that reason this document must be signed granting specific permissions which are detailed herein.

The client provides Rx Help Centers advocates the power to act on their behalf for the sole purpose of **prescription drug advocacy**. This is effective as of the date signed and will remain until the time the client no longer requires assistance from Rx Help Centers for the purpose of prescription drug advocacy. Withdrawal of these permissions will terminate the clients future prescription drug advocacy services.

Rx Help Centers will have the following powers:

- **Contact physicians on my behalf** - Rx Help Centers may contact my physician(s), discuss prescription information, and request documentation for the purpose of obtaining assistance on the client's prescription drugs.
- **Contact third parties on my behalf** - Rx Help Centers may provide information I have provided which is required information requested by a third party. This includes my financial information and any information required by the third party in order to complete the advocacy process.
- **Electronically sign on my behalf** - Rx Help Centers is authorized to digitally sign documentation on my behalf for the sole purpose of prescription drug advocacy.

By signing this document, I acknowledge all of the above conditions and information contained on this document. Any inquiries can be directed to the number listed on this document by email to billing@rxhelpcenters.com

Print Name: _____

Signature: _____

Date: _____