

PBM Consent Form

Pharmacy Benefit Managers are third party administrators of prescription drug programs who process and pay prescription drug claims and compile lists of drugs covered by your prescription drug plan. Foxhall OB/GYN Associates asks your permission to access the following information in order to provide the best care possible for our patients:

- Determine pharmacy benefits and drug copays under your medical insurance
- Verify if a prescribed drug is in the list of available prescriptions under your medical insurance
- Establish alternative drugs that can be substituted if a prescription is not on the list of drugs covered under your insurance
- Determine if your medical insurance allows electronic prescribing to Mail Order Pharmacies
- Obtain a list of prescribed medications you may be taking that have been written by other providers

By signing this consent form you are agreeing that Foxhall OB/GYN Associates can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

(Signature of Patient or Legal Representative)

(Date)

(Print patient Name)

(Date of Birth)

(Signature of Witness)

(Date)

Consent Denied:

(Signature of Patient or Legal Representative)

(Date)

(Print patient Name)

(Date of Birth)

(Signature of Witness)

(Date)