

FORMULARY BENEFITS DATA CONSENT FORM

Formulary Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

By signing below I give permission for healthcare providers at **Fredericksburg Family Clinic, P.A. d/b/a Cornerstone Clinic** to access my pharmacy benefits data electronically through RxHub.

This consent will enable the healthcare providers at **Fredericksburg Family Clinic, P.A. d/b/a Cornerstone Clinic**:

- Determine the pharmacy benefits and drug copays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub. I understand this consent will remain in effect until revoked by me in writing to Cornerstone Clinic.

SIGNATURE X _____
Signature of Patient or Patient's Legally Authorized Representative Patient Date of Birth DATE

Printed Name of Patient or Patient's Legally Authorized Representative: _____

This Consent applies to the dependents listed below. Specify your relationship to dependents:

Parent Guardian _____

Dependent's Full Name: _____	Date of Birth _____
Dependent's Full Name: _____	Date of Birth _____
Dependent's Full Name: _____	Date of Birth _____
Dependent's Full Name: _____	Date of Birth _____
Dependent's Full Name: _____	Date of Birth _____