



Mailing of Prescriptions

Agreement & Authorization

The patient **must** read the Terms & Conditions below, sign, and return to Access in order to receive prescriptions through mail service.

I elect to receive prescriptions from Access Family Health In-House Pharmacy via mail service, and I agree to the following:

- 1) Normal delivery is within 8 business days from the date the fill was entered.
- 2) **Cut-off time is 12:00 noon each day** to be considered in that business day's schedule.
- 3) Mailing is done Monday–Thursday under normal conditions. No weekends or holidays.
- 4) No liquids, insulin, or refrigerated products will be mailed.
- 5) No controlled drugs will be available through mail service.
- 6) Receiver assumes **ALL RISKS** for drugs not received and is liable for all costs, including copay and delivery fee, as well as collection cost if sufficient funds are not available at time of payment.
- 7) All issues and concerns regarding prescriptions via mail service must be acknowledged and resolved within 14 days.

I hereby authorize Access Family Health In-House Pharmacy to process my prescriptions and payment method indicated for delivery via mail service. I understand that I may revoke this agreement at any time for any reason by written notice to Access Family Health In-House Pharmacy. I also agree and understand that Access may revoke this privilege at any time for any reason with or without notice.

Printed Name: _____ Date of birth: ___/___/___

Signature: _____

Date Signed: ___/___/___