

CorsoCare Pharmacy Sign-Up Form

Community Name:

Apartment #:

Move-In Date:

Current Phone Number:

Previous Pharmacy:

Section 1. Resident Information

First Name:

Last Name:

Email:

Preferred Name or Nickname:

SSN:

Medicare (HICN) #:

Date of Birth:

Male or Female:

Physician's Name:

Phone Number:

Resident's Allergies:

Section 2. Is the Resident solely responsible for financial and legal authorization: Yes No

If no, please list the Legal Representative below:

First Name:

Last Name:

Relationship to Resident:

Address:

City:

State:

Zip:

Phone Number:

Email:

Legal Representative is a person who has been granted the authority in writing by either the Resident or a court of law to make medical and/or financial decisions on behalf of the Resident.

Primary Contact (who the pharmacy will communicate directly with):

First Name:

Last Name:

Relationship to Resident:

Address:

City:

State:

Zip:

Phone Number:

Email

Is Primary Contact also the Financially Responsible Party: Yes No

If NO, is the Financially Responsible Party the resident: Yes No

Submit or fax completed page to CorsoCare Pharmacy.

CorsoCarePharmacy.com | P: 833-256-2376 | F: 877-737-9630

CORSOCARE
PHARMACY

Section 3. Payment Sources For Pharmacy Products And Services

Please verify all information is correct. Yes No (Indicate corrections or missing information.)

To assist in billing for medications and services provided to the patient while at this community, please check all pay sources that apply:

No prescription insurance

Medicare-A Effective Date:

Medicare-B Effective Date:

Medicare Part D Plan Name:

Member ID #

BIN/PNC

Group #

Phone #

Medicaid #

State

Effective Date:

Other Insurance:

Name

Number

Phone #

Hospice Phone #

Veteran Drug Benefit

Other:

Please describe "Other" and provide pharmacy with copies (FRONT AND BACK) off ALL drug coverage cards.

Authorization to contact via mobile/cellular device.

By signing below, the Resident or their Legal Representative and the Financially Responsible Party acknowledge and agree to each of the terms described on the back of this document.

Financially Responsible Party
(Please Print)

Signature

Date

NOTE: If Resident has personally signed, it is not necessary to complete the information below. If the Resident is physically unable to sign, an authorized Representative may sign on his/her behalf, but must complete all information, including the Resident's medical reason for an inability to sign.

Medical Reason for Patient's Inability to Sign:

Submit or fax completed page to CorsoCare Pharmacy.

CorsoCarePharmacy.com | P: 833-256-2376 | F: 877-737-9630

CORSOCARE
PHARMACY

EFT Billing Agreement

Patient Name: _____

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Please enclose a voided check with authorization upon return.

Opt into paper billing statement: Opt out of paper billing statement:

Billing Address: _____

Patient/Guardian Consent:

I give my consent to allow CorsoCare Pharmacy to charge the above checking account on a monthly basis for any prescriptions that are ordered on my behalf.

Signature

Date

Submit or fax completed page to CorsoCare Pharmacy.

CorsoCarePharmacy.com | P: 833-256-2376 | F: 877-737-9630

CORSOCARE
PHARMACY

Credit Card Agreement

Patient Name: _____

Cardholder Name: _____

Card Type: _____

Card Number: _____

Expiration Number: _____ Security Code: _____

Opt into paper billing statement: Opt out of paper billing statement:

Billing Address: _____

Patient/Guardian Consent:

I give my consent to allow CorsoCare Pharmacy to charge the above checking account on a monthly basis for any prescriptions that are ordered on my behalf.

Signature

Date

Submit or fax completed page to CorsoCare Pharmacy.

CorsoCarePharmacy.com | P: 833-256-2376 | F: 877-737-9630

CORSOCARE
PHARMACY

Terms of CorsoCare Pharmacy Agreement

- 1. Authorizations.** CorsoCare, Inc. and its subsidiaries ("CorsoCare") are authorized to provide the Resident all products and services prescribed or ordered by the Resident's Physician, or other legally-authorized prescriber, or by the Residence. The Resident requests the products provided by CorsoCare be dispensed in containers that are not child resistant. The Resident requests that the Community and/or CorsoCare dispose of, or otherwise process, all unused and/or discontinued medications dispensed to the Resident, according to Community and pharmacy policy as allowed by professional standards and regulations.
- 2. Legal Representative.** Legal Representatives will provide CorsoCare with documentation establishing their legal authority to enter into this Agreement. If this Agreement is executed by the Legal Representative, the Legal Representative hereby affirms that s/he has the authority to enter into Agreements on the Resident's behalf.
- 3. Health Care Representative.** Any individuals who are authorized to make health care decisions on behalf of the Resident will provide CorsoCare with documentation establishing their legal authority to do so. The Health Care Representative will immediately notify CorsoCare in writing of any change to the Resident's ability to make health care decisions independently.
- 4. Financial Responsibility.** The Resident and the Financially Responsible Party, if other than the Resident, shall each be individually and jointly liable for all charges for products and services provided by CorsoCare and all fees and expenses described herein. Such services include all services authorized by the Resident or the Resident's Health Care Representative and may include services not covered by insurance or other third-party payers identified to CorsoCare.
- 5. Assignment of Benefits.** The Resident or Legal Representative hereby requests and authorizes any third party payer to make payment directly to CorsoCare for products and services provided to the Resident.
- 6. Payment.** The Resident and Financially Responsible Party are responsible for paying all charges for products and services provided to the Resident by CorsoCare which are not covered by insurance or other third-party payers identified to CorsoCare. As a courtesy, CorsoCare will submit claims to any insurance companies or other third-party payers listed above or of which CorsoCare is subsequently notified in writing. The Responsible Party agrees to pay the monthly bill upon receipt. The Resident or their Legal Representative and/or the Financially Responsible Party hereby authorize CorsoCare to charge any credit card or bank account number identified above for any amounts owed.
- 7. Fees and Expenses.** The Resident and Financially Responsible Party are responsible for paying all costs and expenses incurred by CorsoCare in the collection of amounts owed and the enforcement of its rights under this agreement, including without limitation, attorneys fees, court costs and expenses.
- 8. Additional Fee.** The Resident and Financially Responsible Party agree to pay a \$10.00 per month "processing and packaging" fee for additional services regarding the packaging and delivery of their medications.
- 9. Delinquent Payment.** The Resident or Legal Representative and Financially Responsible Party acknowledge that if the Resident and Financially Responsible Party are delinquent on payment of any amount owed to CorsoCare, CorsoCare may, in its sole discretion, do either or both of the following: (a) condition its continued provision of products and services to the Resident upon CorsoCare's receipt of assurance of payment acceptable to CorsoCare, which may include, without limitation, a requirement that CorsoCare receive authorization to charge all amounts owed, past and future, to a valid credit card number; and/or (b) suspend or terminate its provision of products and services to the Resident. Such suspension or termination will in no way affect the Resident's or Financially Responsible Party's obligations to pay all amounts owed under this agreement, including costs of collection.

- 10. Reliance and Consideration.** CorsoCare is relying upon the Financially Responsible Party's agreements herein in determining to provide products and services to the Resident, and CorsoCare's provision of products and services to the Resident constitutes good and adequate consideration for Financially Responsible Party's agreements contained in this agreement.
- 11. Disclosure or Use of Resident Information for Treatment, Payment, and Healthcare Operations.** The Resident or Legal Representative hereby authorizes CorsoCare, its employees, agents and sub-contractors to disclose to Medicare, Medicaid or any other third party payer any medical or other information needed for payment for all products and services provided by CorsoCare to the Resident until payment has been made in full. The Resident or Legal Representative further authorizes CorsoCare, its **employees, agents and sub-contractors to use and disclose the Resident's medical and other information for the provision of products and services, for the business operations of CorsoCare and for the review of CorsoCare's services, including review by accrediting bodies or governmental agencies.**
- 12. Modification.** No modification or amendment of this agreement shall be effective unless agreed to in writing by a designated representative of CorsoCare.
- 13. Successors.** This agreement shall inure to the benefits of, and be binding upon, each party and its respective affiliates, successors and heirs, executors, administrators, insurers, underwriters, and affiliates of the parties.
- 14. Supplier Standards.** The products and/or services provided to you by CorsoCare and/or its corporate affiliates are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at [http:// ecfr.gpoaccess.gov](http://ecfr.gpoaccess.gov). Upon request we will furnish you a written copy of the standards.

Notice of Privacy Agreement

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

CorsoCare Pharmacy, LLC and its affiliated entities (collectively "CorsoCare Pharmacy, LLC") use health information about you for treatment, to obtain payment for treatment, to evaluate the quality of care you receive, and for other administrative and operational purposes. Your health information is contained in a medical record that is the physical property and responsibility of CorsoCare Pharmacy, LLC.

Your Health Information Rights:

You have the following rights with respect to health information about you.

Right to Copy of Notice of Privacy Practices. You have the right to a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of our current Notice of Privacy Practices, please contact CorsoCare Pharmacy, LLC at 833-256-2376.

Right to Inspect and Copy. You have the right to inspect and/or obtain a copy of the health information about you that we maintain in certain groups of records that are used to make decisions about your care. Your request must be in writing. If you request a copy of your health information, we will charge you a fee to cover the costs of copying and mailing the information. In certain very limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to your health information, we will explain our reasons in writing. You have the right to request that another person at CorsoCare Pharmacy review the decision. We will comply with the outcome of the review. For information about this right, see 45 C.F.R. § 164.524.

Right to Amend. If you feel that health information about you that we maintain in certain groups of records is inaccurate or incomplete, you have the right to request that we amend the information. You have the right to request an amendment as long as we maintain the information. Depending on the nature of your request, we may ask that you submit it in writing and include a reason supporting the request. In certain circumstances, we may deny your request to amend your health information. If your request for an amendment is denied, we will explain our reasons in writing. You have the right to submit a statement explaining why you disagree with our decision to deny your amendment request. We will share your statement when we disclose health information about you that we maintain in certain groups of records. For more information about this right, see 45 C.F.R. § 164.526.

Right to an Accounting of Disclosures. You have the right to request an accounting or detailed listing of certain disclosures of your health information. The time period covered by the accounting is limited. Your request must be in writing. If you request an accounting more often than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. For more information about this right, see 45 C.F.R. § 164.528.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information about you that we use or disclose. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment. For more information about this right, see 45 C.F.R. § 164.522.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance upon your authorization. Your request must be in writing.

Right to Request Alternative Method of Contact. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for billing purposes. For more information about this right, see 45 C.F.R. § 164.522(b).

Complaints

If you believe your privacy rights have been violated, you may complain to CorsoCare Pharmacy, LLC and to the Department of Health and Human Services. You may make a complaint to us by contacting CorsoCare Pharmacy, LLC at the address or phone listed on the back of this sheet will not be retaliated against for filing a complaint.

CorsoCare Pharmacy, LLC's Obligations

CorsoCare Pharmacy, LLC is required to:

- maintain the privacy of protected health information;
- provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- abide by the terms of the Notice of Privacy Practices currently in effect;
- notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- obtain your written authorization to use or disclose your health information for reasons other than those identified in this Notice and permitted by law; and
- comply with your state's laws if they provide you with greater rights over your health information or provide for more restrictions on the use or disclosure of your health information.

CorsoCare Pharmacy, LLC reserves the right to change the terms of this Notice, our privacy practices, and to make the new provisions effective for all protected health information we maintain. You may contact CorsoCare Pharmacy, LLC at the address or phone listed on the back of this sheet to obtain a revised Notice of Privacy Practices.

Uses or Disclosures of Your Health Information

Treatment. We may use and disclose health information about you to provide you with pharmaceutical care or other medical treatment or services. To this end, we may communicate with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, information related to your treatment may be obtained by a health care provider, such as a pharmacist, nurse, respiratory therapist, or other person providing health services to you, and will be recorded in your medical record. This information is necessary for health care providers to determine what treatment you should receive. Health care providers also may record actions taken by them in the course of your treatment and note how you responded to the actions.

Payment. We may use and disclose health information about you to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third- party payor, such as Medicare, an insurance company, or a health plan. The information on the bill may include information that identifies you, your diagnosis, and treatment or supplies used in the course of your treatment. In some instances, we may disclose health information about you to an insurance plan before you receive certain health care products or services, to determine whether the insurance plan will pay for the particular product or service.

HealthCare Operations. We may use and disclose health information about you for administrative and operational purposes. Members of the risk management or quality improvement teams may use health information about you to assess the care and outcomes in your case and others like it. The results will be used internally to continually improve the quality of care for all patients. For example, we may combine medical information about many patients to evaluate the need for new products, services, or treatments. We may disclose information to health care professionals, students, and other personnel for review and training purposes. We also may combine health information we have with other sources to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy and to allow others to use the information to study health care without learning the identity of the specific patients.

We may also use and disclose medical information to:

- evaluate the performance of our staff and your satisfaction with our services;
- learn how to improve our facilities and services;
- determine how to continually improve the quality and effectiveness of the health care we provide;
- and
- conduct training programs or review competence of health care professionals.

Organized HealthCare Arrangement. An organized health care arrangement is a clinically integrated care setting in which individuals typically receive health care from more than one health care provider. We may participate in organized health care arrangements with long-term care facilities, hospice, or other health care facilities in connection with the services we furnish to patients in such settings. Health information may be shared between the participants in the organized health care arrangement for the health care operations of the arrangement.

Individuals Involved in Your Care or Payment for Your Care. We may release health information about you to a family member or friend who is involved in your medical care. We also may give information about you to someone who helps pay for your care. If you do not specifically inform us of individuals who are to be excluded from involvement in your care or payment for your care, we will assume that we have your permission to release health information about you to family and friends as provided above. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

Business Associates. We provide some services through contracts with business associates, such as accountants, consultants, and attorneys. When such services are contracted, we may disclose health information about you to our business associates so that they can perform the tasks that we have assigned to them. To protect your health information, we require the business associate to appropriately safeguard health information about you.

Appointment Reminders. We may use health information about you to provide appointment or prescription reminders.

Alternative Treatments. We may use health information about you to provide you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

Future Communications. We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities in which we are participating.

Required by Law. We may use and disclose health information about you as required by federal, state, or local law. For example, we may disclose health information for the following purposes:

- for judicial or administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect, or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

Public Health. We may use or disclose health information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Research. We may use or disclose health information about you for research purposes under certain circumstances. For example, we may disclose health information about you to a research organization if an institutional review board or privacy board has reviewed and approved the research proposal, after establishing protocols to ensure the privacy of your health information.

Health and Safety. We may use or disclose health information about you to avert a serious threat to your health or safety or any other person pursuant to applicable law.

Medical Examiners and Others. We may use or disclose health information about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.

Food and Drug Administration (FDA). We may use or disclose health information for purposes of notifying the FDA of adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Information Not Personally Identifiable. We may use or disclose health information about you in ways that do not personally identify you or reveal who you are. Government Functions. We may use or disclose health information about you for specialized government functions, such as protection of public officials, national security and intelligence activities, or reporting to various branches of the armed services.

Workers Compensation. We may use or disclose health information about you to comply with laws and regulations related to workers compensation.

Correctional Institutions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose health information about you. Such information will be disclosed to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to protect the health and safety of others.

Contact Information

If you have any questions, requests, or concerns about CorsoCare Pharmacy, LLC related health information rights or our use and disclosure of health information, please contact: CorsoCare Pharmacy, LLC, 833-256-2376, 21571 Kelly Road, East Pointe, MI 48021.

Under the Federal HIPAA Privacy Rule, we are required to give you our Notice of Privacy Practices, and make a good faith effort, before providing services, to get your:

Acknowledgement of Receipt of Notice of Privacy Practices

Name of Patient _____ Facility _____

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for CorsoCare Pharmacy, LLC.

Signature _____ Date _____
(Patient, Parent or Legal Representation)

Name and Relationship to Patient _____
(If signed by someone other than patient)

Submit or fax completed page to CorsoCare Pharmacy.

CorsoCarePharmacy.com | P: 833-256-2376 | F: 877-737-9630

CORSOCARE
PHARMACY