

Delivery Agreement

The advantages of this program include:

- It's Convenient- delivery to your home or office.
- Same Day Delivery when ordered before 2pm weekdays.
- FREE with 3 Prescriptions or more order
- Saves wear and tear on your own vehicles

I hereby agree to the following conditions:

- Patient will be responsible for the security of packages left at the agreed upon location when no one is available to receive them.
- Patient will be responsible for payment if, during the course of an audit, their insurance company rejects a legitimate claim on the basis they did not sign for that delivery.

Schedule, Fees, Payment and Signature Waiver

- Pharmacy will assess a five dollar fee on orders within the standard delivery area. The fee will be waived on orders of three or more prescriptions.
- Pharmacy will charge the total due, to the Patient's account or an encrypted credit card prior to delivery. Other forms of payment (COD) require prior Pharmacy approval and the Patient or a representative must be present at time of delivery.
- Patient waives signature for both insurance and charge transactions and allows the Pharmacy to deliver orders when the Patient is unavailable to sign. Patient is aware that some special orders may require a signature on a secondary form which will be provided at the time of delivery.

Packages to be placed:

Please leave deliveries in above named location when I am not available to receive them.

I have read and understand this document, and have had all questions answered.

Patient's Name

Patient Signature

Date

Pharmacist Signature

Date