

ASSIGNMENT OF BENEFITS FORM

Dear MCC Apothecary Patient,

Thank you for choosing MCC Apothecary for your medication needs.

We are pleased to offer you complete Medicare billing services, including coordination of benefits, to lessen the amount of paperwork you need to complete. To allow us to file your Medicare forms for you, your insurance company requires that we have a signed Assignment of Benefits statement on file. This statement can be found on the bottom of this form.

We ask that you complete the form, sign at the bottom, and return it in the envelope provided within seven days after receipt.

ASSIGNMENT OF BENEFITS

I hereby authorize Medicare to pay my drug and supplies benefit directly to MCC Apothecary. I further authorize any holder of medical information about me to release such information that may be required for MCC Apothecary to file an insurance claim on my behalf. The original will be kept on file by MCC Apothecary and a copy sent to Medicare when requested.

In the event of non-coverage, or if Medicare should pay benefits directly to me for any merchandise provided by MCC Apothecary, I will either endorse all checks from Medicare as "Pay to the order of MCC Apothecary" or write a personal check to MCC Apothecary within seven days of receipt of checks. I will immediately notify MCC Apothecary of any change in my insurance coverage.

Member Name _____ Policy # _____
(Please Print)

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____