



RESIDENT SERVICE AGREEMENT FORM

DATE: _____ COMMUNITY: _____ APT #: _____

RESIDENT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

MEDICARE #: _____ MEDICAID#: _____

PHONE #: _____

*****PLEASE FAX COPY OF PRESCRIPTION INSURANCE CARD. ADDITIONAL HELPFUL INFORMATION IF INSURANCE CARD IS NOT AVAILABLE IS NAME AND PHONE # OF PHARMACY RESIDENT USED PRIOR TO MOVING INTO YOUR COMMUNITY*****

POA/RESPONSIBLE PARTY NAME: (please print) _____

POA/RESPONSIBLE PARTY ADDRESS: _____

POA/RESPONSIBLE PARTY TELEPHONE #: (CELL/HOME) _____ (WORK) _____

NOTE: ALL STATEMENTS AND FINAL BILLS WILL BE FORWARDED TO THE ADDRESS LISTED ABOVE FOR THE RESPONSIBLE PARTY

I, the undersigned resident/POA/responsible party, in consideration of the fulfillment of pharmaceutical products to be provided by Medication Management Partners Inc. (MMP), shall pay for all charges incurred as a result of the medications and or pharmacy items order by the resident's physician(s), including reasonable fees and costs incurred by MMP in the collection of this account. I the undersigned resident/POA/responsible party, understand that all my maintenance medications will be enrolled in auto-fill. It is my responsibility to notify MMP of any cancellation or suspension of auto-fill service from MMP. I the undersigned resident/POA/responsible party understand that medications are dispensed in non-child resistant packaging.

I understand that receipt of these services may be subject to reporting by pharmacy to my physician or other healthcare provider and I authorize these disclosures.

PLEASE CHECK ONE: () RESIDENT
() RESPONSIBLE PARTY/POA
(SIGN AND DATE) _____

MMP offers convenient automatic payment.

Name on card: _____ Expiration Date: _____

Credit card number#: _____ Security Code: _____

MEDICAID RESIDENTS ONLY

Medicaid Billing Status – Check all that apply () Medicaid () Medicaid Spend-Down () Medicaid Pending

Please note: Automatic payment is required for Medicaid Spend-Down Residents

By selecting the "SUBMIT" button, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

