

# PAYMENT AGREEMENT

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P4 Pharmacy will bill all appropriate agencies/insurances when possible, but the resident/patient or responsible party is ultimately accountable for any and all non-covered charges and co-payments.

**For Youth Group Homes** that are on a grant, the grant does not include medication costs for your child. We will need payment arrangements prior to sending any medications.

- Private Pay: P4 Pharmacy will bill the resident/patient or responsible party will be billed directly if no insurance is available.
- Insurance: After insurance has been billed, the resident/patient or responsible party will be billed for all copays or non-covered charges.
- Hospice: P4 Pharmacy will bill the hospice agency for all related charges. The patient or responsible party will be billed for all noncovered charges.

**Create an account on our Payment Portal to gain access to monthly invoices, set up auto pay and receive emailed receipts!**

**Call us at 385-415-5863 for more information!**

I, The individual specified below, agree to allow P4 Pharmacy to use the included credit card, bank account information or other method of payment to pay for pharmacy services as defined above. I understand that this information will be stored securely and that suitable measures will be taken by the pharmacy to protect this information.

\*Signature:

Date:

(By signing this electronic signature I give my consent of following information above)

