Northern Virginia Physicians to Women, Ltd

PBM Consent Form

Pharmacy Benefit Managers (PBM) are third party administrators of prescription drug programs who process and pay prescription drug claims and compile lists of drugs covered by your prescription drug plan.

Northern Virginia Physicians to Women, Ltd. (NVPW) asks your permission to access the following information in order to provide the best care possible for our patients:

· Determine pharmacy benefits and drug copays under your medical insurance

 \cdot Verify if a prescribed drug is in the list of available prescriptions under your medical insurance

 \cdot Establish alternative drugs that can be substituted if a prescription is not on the list of drugs covered under your insurance

· Determine if your medical insurance allows electronic prescribing to Mail Order Pharmacies

 \cdot Obtain a list of prescribed medications you may be taking that have been written by other providers

By signing this consent form, you are agreeing that NVPW can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

Patient Name

Signature of Patient or Legal Representative

Date

Consent Denied:

Signature of patient or legal representative