1333 Plank Road · Suite 200 · Duncansville, PA 16635
855-265-8008 toll free · 814-283-2211 fax · www.vsprx.com

Assignment of Benefits

I hereby authorize Value Specialty Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Value Specialty Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form.

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges that may be denied by my prescription benefit carrier(s). This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Value Specialty Pharmacy to collect money on my behalf.

I have read, understand and agree to all the information above. A photocopy of this agreement may be used as though it were an original.

This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please print your name: ____ Date: _______________

Parent/Guardian Signature (if applicable): ______________________________ Date: _______________

Signature of the Primary Insured: _____________________________________ Date: _______________

Patient Social Security Number: _______________________________________

Please retain a copy for yourself and mail the original to: Value Specialty Pharmacy, 1333 Plank Rd, Suite 200, Duncansville, PA 16635
Phone (855) 265-8008 | Fax (814) 283-2211

09/12/16