New Patient Agreement

I, the undersigned, state, understand, agree, declare and/or acknowledge:

I voluntarily indicate my intent to participate in the Value Specialty Pharmacy Program (herein after referred to as "VSP"). I understand that, by enrolling in this program, I will receive some or all of the following services from Value Specialty Pharmacy (VSP):

- Periodic phone calls for medical updates and/or for the purpose of refilling my prescription as prescribed by my physician;
- Assistance with reimbursement issues and/or coordination of benefits with my prescription benefit providers;
- Educational phone calls or mailings relating to my condition;
- Coordination of care between VSP pharmacists and my physician regarding my condition

I also agree that I will remain under physician-supervised care through the course of therapy.

To receive maximum benefit of services provided by VSP, I agree to disclose current prescription and non-prescription medications I am currently taking.

I accept full responsibility for payment of charges incurred for the products and/or services I will receive from the VSP. VSP is committed to maximizing the prescription benefit for all entities for which I am enrolled. However, there may be monies not awarded by payers for which I may be responsible. VSP is also committed to assisting me in affording the care prescribed by my physician. VSP will notify me of any out-of-pocket expenses before care is provided and I will have the responsibility to agree or deny care at that time.

I also agree to notify VSP, in a timely manner, of any changes to my benefit information so as to not interrupt therapy or care.

I agree I have read and signed documentation relating to HIPAA privacy laws.

If I choose to not sign this agreement, then I will not be enrolled in the services listed above nor will I expect to be held accountable for any of the above statements.

_____   _____
Patient/Guardian/Caregiver signature   Date

_____
Printed Name

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

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