



Pre-Consult Waiver

RxWise Pre-Consult Waiver & Consent Form

Service Provider: RxWise by CoreRx Solutions LLC

Date: MM/DD/YYYY

Consult ID:

Patient/Member Information

Full Name: _____

Email: _____

Phone: _____

Pharmacy Plan/PBM (optional): _____

Scheduled Consult Date/Time: _____

Purpose of This Waiver

This form ensures you understand the educational nature of CoreRx Solutions services before your consultation. By signing, you acknowledge and agree to the terms below.

Services Provided (Education Only)

CoreRx Solutions offers **information and education** about general pharmacy benefits topics, including:

- Plan structure (deductibles, tiers, copays)
- Pharmacy networks and filling options
- Cost-saving strategies (generics, 90-day supplies)
- Public assistance programs

IMPORTANT DISCLAIMERS - Please Read Carefully

CoreRx Solutions PROVIDE NO:

- Medical, clinical, prescribing, or treatment advice
- Drug interaction/substitution recommendations
- Financial, tax, or investment planning
- Insurance brokerage, enrollment, or claims processing
- Legal advice or representation
- Guarantees of savings, coverage, or outcomes

YOUR RESPONSIBILITIES:

- Verify **all information** with your physician, pharmacist, and insurance plan
- Make your own healthcare and financial decisions
- Comply with your plan's rules and your doctor's instructions



Pre-Consult Waiver

NO WARRANTIES: All information is general, based on publicly available data, and may not apply to your specific situation. Actual savings/coverage varies.

HIPAA & Privacy Consent

- I consent to share limited pharmacy information (drug names, copays, plan details) for educational purposes ONLY
 - I understand CoreRx Solutions does NOT store Protected Health Information (PHI) long-term
 - Data is used solely for this consultation and deleted within 30 days
-

Release of Liability & Indemnification

I voluntarily release, waive, and discharge RxWise by CoreRx Solutions LLC, its officers, employees, and affiliates (collectively "CoreRx") from any and all liability, claims, demands, or causes of action arising from:

1. My use or misuse of information provided
2. Any decisions I make based on the consultation
3. Any health, financial, or other outcomes

I agree to indemnify and hold RxWise by CoreRx Solutions, LLC harmless from any third-party claims resulting from my actions.

Savings Disclaimer: Any savings estimates are averages from industry data. CoreRx does not guarantee results. **No refunds if savings don't materialize.**

Acknowledgment & E-Signature

I have read, understand, and agree to ALL terms above.
I am at least 18 years old (or have guardian consent).
This is binding like a wet-ink signature.

Typed Name: _____ Date: _____

E-Signature: Email taken as E-Signature

RxWise by CoreRx Solutions, LLC Contact Information

- **Support:** admin@corerxsolutions.com | (916) 628-0932
- **Privacy Policy:** corerxsolutions.com/privacy
- **Terms of Service:** corerxsolutions.com/terms

Thank you!