



# Pre-Consult Waiver

## RxWise Pre-Consult Waiver & Consent Form

**Service Provider:** RxWise by CoreRx Solutions LLC

**Date:** MM/DD/YYYY

**Consult ID:**

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## Patient/Member Information

**Full Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Pharmacy Plan/PBM (optional):** \_\_\_\_\_

**Scheduled Consult Date/Time:** \_\_\_\_\_

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## 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



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

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## 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
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## 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.**

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## 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

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## RxWise by CoreRx Solutions, LLC Contact Information

- **Support:** [admin@corerxsolutions.com](mailto:admin@corerxsolutions.com) | (916) 716-0501
- **Privacy Policy:** [corerxsolutions.com/privacy](http://corerxsolutions.com/privacy)
- **Terms of Service:** [corerxsolutions.com/terms](http://corerxsolutions.com/terms)

Thank you!