

Porter Pharmacy

308 W Larissa St
Jacksonville, TX 75766
Phone: 903-586-9804

CUSTOMER REQUEST FOR MEDICAL EXPENSE STATEMENT

I, _____, request that Porter Pharmacy provide a Medical Expense Statement (MES) for the individuals listed below. I understand that Porter Pharmacy may only release an MES pertaining to my records, the records of my dependents, or the records of individuals for whom I am a personal representative in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Authorization Requirement: I understand that requests for individuals other than those listed below (such as a spouse) will require either (1) the submission of separate MES request signed by the individual, or (2) a valid authorization signed by that individual and attached to this form.

Individual Information:

<u>Patient Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Date Range of Required Records</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____
Telephone # (optional) _____

Verification of Identity Known Individual
 Driver's License
 Other ID, (specify) _____

Signature of Customer or Personal Representative Date

If signed by the patient's personal representative, the representative warrants that he or she has authority to sign this form on the basis of documentation: (attach a copy of any documentation used to verify authority)

INTERNAL RECORDS FOR PHARMACY USE ONLY

Medical Expense Statement Delivery Status:
Pharmacy has provided MES to the customer: YES NO

Received by: _____ Date: _____