Freedom Pharmacy

434 Hurricane Lane, Williston, VT 05495
802-655-3544 or 1-800-638-1675 Fax 802-655-0123
www.freedompharmacyvt.com

Patient's Name: _____ Patient's DOB: _____

MEDICAL RELEASE

I authorize Freedom Pharmacy to release medical and billing in formation to the following (other than self or physician offices): LIST ALL

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

GUARANTEE OF PAYMENT

This is to certify that we, Freedom Pharmacy, will receive reimbursement from the guarantor listed below for prescriptionmedications, over-the-counter products, co-pays, administration fees and any non-covered medications/products/services for the patient listed above for products/services rendered.

☐ SEND BILLS TO PATIENT ☐ SEND BILLS TO GUARANTOR LISTED BELOW

Name of Guarantor: _____

Address of Guarantor: _____

Phone Number: _____

Guarantor Signature: _____ Date _____

Regardless of whether or not the patient has prescription insurance benefits, the patient and/or guarantor (payee) will need to make payment arrangements in advance with our billing department in the form of a credit card or checking/savings account in order for services to start (see attached automatic payment form)

Patient Signature: _____ Date _____