



229 Athens Street  
Hartwell, Georgia 30643  
(706) 376-3957  
Fax (706) 376-1356

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Edward Wysong, M.D. • E. Wade Walker, M.D. • JoDon Garringer, M.D. • B. Jamison White, D.O.

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### EPRESCRIBE PBM CONSENT FORM

ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. Benefit data is maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescriptions drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan. The Medicare Modernization Act (MMA) 2003 listed standards that must be included in an ePrescribe program. These include:

**Formulary and Benefit Transactions**—Gives the prescriber information about which drugs are covered by your plan.

**Medication History Transaction**—Provides the physician with information about medications the patient is already taking prescribed by any other provider, to minimize the number of adverse drug events.

By signing this consent form, you are agreeing that Hartwell Family Practice can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payors for treatment purposes.

Printed Patient name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Signature of patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship if other than patient: \_\_\_\_\_

Consent Denied

Date: \_\_\_\_\_