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E-PRESCRIBING PBM CONSENT FORM

ePrescribing is defined as a physician’s ability to send accurate, error free, and understandable prescriptions 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. Benefits data is maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM’s are third party administrators of prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a drug benefit plan. The Medicare Modernization Act (MMA) of 2003 listed standards that must be met to be included in an e-Prescribe program. These include:

***Formulary and benefit transactions-** Gives the prescriber information about which drugs are covered by the drug benefit plan.

*** Medication history transactions-** Provides the provider with information about medications the patient is already taking prescribed by another 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.

Patient Name: _____ Date of Birth: _____

Signature of Patient or Guardian: _____

Date _____ Relationship if other than patient: _____

_____ CONSENT DENIED Date: _____

* Not all insurance companies participate in PBM.