



1497 Fair Rd, Ste 200
Statesboro, GA 30458
Phone: 912-871-(HUGS) 4847
Fax: 912-871-5562
www.bullochpediatrics.com

FORMULARY BENEFITS CONSENT FORM

Formulary Benefit data are maintained for health insurance providers by organizations known as Pharmacy Benefit managers (PBM). PBM's are third-party administrators of prescription 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.

We may need access to your data as maintained by the PBM's to know what medications have been prescribed to you in the past, and to know which drugs are covered by your insurance plan.

By signing below I give permission for Bulloch Pediatrics Group, LLC to access my pharmacy benefits data electronically through Surescripts. This consent will enable Bulloch Pediatrics Group, LLC to:

- Determine the pharmacy benefits and drug co-pays for a patient's health plan
- Check whether a prescribed medication is covered (in formulary) under a patient's plan
- Display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies
- Download a histories list of all medications prescribed for a patient by any provider
- In summary, we ask your permission to obtain formulary information and information about other prescriptions by other providers using Surescripts.

Printed Patient Name

Date of Birth

Parent/Guardian Signature

Date