Brookridge Internal Medicine Associates, PA

E-Prescribing PBM Consent Form

Patient Name:	Date of Birth
Your Pharmacy:	
EPrescribing or Electronic Prescribing is defined accurate, error free, and understandable prescr determined that the ability to electronically sen improving the quality of patient care.	
Benefits data are maintained for health insuran Pharmacy Benefits Managers (PBM). PBM's are programs whose primary responsibilities are pro They also develop and maintain formularies, who particular drug benefit plan.	e third party administrators of prescription drug ocessing and paying prescription drug claims.
The Medicare Modernization Act (MMA) 2003 I ePrescribing program. These include:	isted standards that have to be included in an
* Formulary and benefit transactions drugs are covered by the drug benefit	Gives the prescriber information about which plan.
	ovides the physician with information about ing prescribed by any provider, to minimize the
By signing this consent form you are agreeing th can request and use your prescription medication and/or third party pharmacy benefits for treatm	•
Signature of Patient (or representative)	
Relationship if other than patient	