



Facility:		Admission Date:	
PATIENT INFORMATION			
Last Name:		First:	Middle:
SS#		Physician Name:	
Room Number:	D.O.B:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Allergies:			
CONTACT/BILLING INFORMATION/INSURANCE			
<input type="checkbox"/> Bill resident at the facility address; financially responsible party			
<input type="checkbox"/> Resident has a Legal Representative/POA/Other who is responsible for bill; Send bill to name and address below			
First Name:		Last Name:	
Address:			
City:		State:	Zip:
Home phone #:	Cell phone #:	Work phone #:	
PRIMARY INSURANCE INFORMATION			
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Hospice			
Insurer:		Processor Control # (PCN):	Subscriber Name:
ID Number:		Bin Number:	Relationship to Subscriber:
Group Number:			
<i>(Please provide copy of insurance card, front and back)</i>			
SECONDARY INSURANCE INFORMATION			
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance			
Insurance Name:		Processor Control # (PCN):	Subscriber Name:
ID Number:		Bin Number:	Relationship to Subscriber:
Group Number:			
<i>(Please provide copy of insurance card, front and back)</i>			
PHARMACY SERVICES AGREEMENT			
The Resident, Legal Representative & or P.O.A. is Financially Responsible for charges for products & services, non-covered medications, co-payments, used, lost or damaged medications delivered by Vida Pharmacy LLC. Party hereby agrees with the 'Terms of Agreement' see back side of this document.			
Resident/Legal Representative/POA/Financially Responsible Party signature(s) below:			
(1)X		(2)X	
Facility Representative Name:		Date:	
X			



Terms of Pharmacy Services Agreement

1. **Authorizations.** Vida Pharmacy LLC. are authorized to provide the Resident all products and services prescribed or ordered by the Resident's Physician, or other legally-authorized prescriber, or by the Residence. The Resident requests the products provided by Vida Pharmacy be dispensed in packaging that is not child resistant. The Resident requests that the Residence and or Vida Pharmacy dispose of, or otherwise process, all unused and or discontinued medications dispensed to the Resident, according to Residence and pharmacy policy and as allowed by professional standards and regulations in New Mexico.
2. **Legal Representative.** Legal Representatives and or POA (Power of Attorney) Representatives will provide Vida Pharmacy with documentation establishing their legal authority to enter into this agreement. If this Agreement is executed by the Legal Representative, the Legal Representative hereby affirms that s/he has the authority to enter into agreements on the Resident's behalf.
3. **Health Care Representative.** Any individuals who are authorized to make health care decisions on behalf of the resident will provide Vida Pharmacy with documentation establishing their legal authority to do so. The Health Care Representative will immediately notify Vida Pharmacy in writing of any change to the Resident's ability to make health care decisions independently.
4. **Financial Responsibility.** The Resident and the Financially Responsible Party, if other than the Resident, POA or other, shall each be individually and jointly liable for all charges for products and services provided by Vida Pharmacy and all fees and expenses described herein. Such services include all services authorized by the Resident or the Resident's Health Care Representative and may include all services not covered by insurance or other third-party payers identified to Vida Pharmacy. Charges for products and services will be assumed by P.O.A and or Responsible party in the event of death for payments not received.
5. **Assignment of Benefits.** The Resident or Legal Representative hereby requests and authorizes any third-party payer to make payment directly to Vida Pharmacy for products and services to the Resident.
6. **Payment.** The Resident and Financially Responsible Party are responsible for paying all charges for products and services provided to the Resident by Vida Pharmacy which are not covered by insurance or other third-party payers identified to Vida Pharmacy. As a courtesy, Vida Pharmacy will submit claims to any insurance companies or other third-party payers listed above or which Vida Pharmacy is notified in writing. Payment in full is due within 30 days of the invoice date, and a finance charge equal to the lesser of 1.5% per month or the maximum rate permitted by law will accrue on all delinquent accounts beginning the day after the payment is due. The Resident or their Legal Representative and or/ the Financially Responsible Party hereby authorize Vida Pharmacy to charge any credit card or bank account number identified or provided above for any amounts owed.
7. **Fee and Expenses.** The Resident and Financially Responsible Party are responsible for paying all costs and expenses incurred by Vida Pharmacy in the collection of amounts including without limitation, attorney's fees, court costs and expenses.
8. **Delinquent Payment.** The Resident or Legal Representative and Financially Responsible Party acknowledge that if the Resident and Financially Responsible Party are delinquent on payment of any amount owed to Vida Pharmacy, Vida Pharmacy may, in its sole discretion, do some or all of the following: (a) demand payment at the time of delivery of products and services, or condition the delivery on the provision that a guaranteed form of payment is on file (b) Discontinue delivery of products and services, with acknowledgement that any past due amount are still owed (c) Hold or freeze the delivery of products and services until past due amounts are paid in full.
9. **Modification.** No modification or amendment of this agreement shall be effective unless agreed to in writing by a designated executive of Vida Pharmacy.
10. **Successors.** This agreement shall inure to the benefits of, and to binding upon, each party and its respective affiliates, successors and heirs, executors, administrators, insurers, underwriters, and affiliates and parties.
11. **Reliance and Consideration.** Vida Pharmacy is relying upon the Financially Responsible Party's agreements herein in determining to provide products and services to the Resident, and Vida Pharmacy's provision of products and services to the Resident constitutes good and adequate consideration for Financially Responsible Party's agreements contained in this agreement.

Initials of Responsible party: _____

WHEN COMPLETE, PLEASE FAX TO VIDA PHARMACY AT (505) 856-7141