



(FOR PATIENTS ONLY)

Patient Pack Retail Program Patient Agreement

We are pleased to welcome you to the Victory Pharmacy **Patient Pack** program, our monthly coordinated medication packaging program.

Advantages of participating in this program include:

- Increased convenience- a single pharmacy trip or delivery each month. A hands-off process for the patient after the initial agreement/appointment and any therapy changes. Rxs filled, delivered and paid for all at one time each month.
- Peace of mind from being able to have all your medications planned out for you.
- State of the art strip packing system, increases safety and patient convenience.
- Automatic refills of maintenance medications each month. Even Rxs that need refills are taken care of for you.
- Automatic payment- copays charged to credit card provided on a monthly basis.
- Automatic delivery of new Prescription(s) to your door at no extra charge.
- Automatic monitoring/drug interaction of all oral prescription and nonprescription items.
- All of these are **FREE** by simply enrolling in our program and bringing all applicable prescriptions to your favorite Victory Pharmacy location 12315 Bellaire Blvd, suite 700, Houston, Texas 77072.

I hereby agree:

- To accept a phone, call each month from the pharmacy to discuss my prescription refills.
- To accept delivery or to pick up medications on the date assigned and agreed to each month.
- If necessary, to pay an extra copay one time for each medication in order to make all refills due on the same day. (we will do everything possible to avoid any extra fees)
- Fill as many non-Patient Pack Rx at Victory Pharmacy as possible to improve compliance and therapeutic benefits of the program.
- To keep a valid credit or debit card on file for copays to be charged automatically every month
- To keep an open dialogue with my pharmacist regarding doctor appointments, hospital/ ER visits, OTC medications or supplements and changes in general health status.
- Victory Pharmacy cannot accept any medications (Rx or OTC) from a patient that has been purchased or dispensed from any other source to be put into the Patient Pack.

- Please allow 3 days for us to gather all new patient information for processing. New patients will be contacted for pickup or delivery information.

I have read this document, understand it, and have had all questions answered.

Agency/ Facility/Patient Name

Agency/ Facility/Patient Signature

Date

Pharmacist Signature

Date

(OPTIONAL)
“VICTORY PHARMACY”
281-741-3506

I hereby authorize Victory Pharmacy to bill my monthly prescription charges to my (please circle) **Mastercard/Visa** number _____ - _____ - _____ with Expiration date _____ and three digit security code _____ These will be monthly I (Patient's Name) _____ charges until the patient notifies the pharmacy to terminate services being provided.

Date _____
Signature

AGENCY/FACILITY NAME: _____
ADDRESS OF THE AGENCY/FACILITY: : _____
PHONE NUMBER OF CONTACT PERSON: : _____
SIGNATURE: _____
DATE: : _____