

Elm Plaza Pharmacy
908 N Elm Street, Suite 100
Hinsdale, IL 60521
Phone (630) 455-4377 Fax (630)455-4373

Resident/Responsible Party Agreement for (name): _____

In order for our transfer to go smoothly we are required to gather some information. Please fill out and return the following consent paperwork for Elm Plaza Pharmacy's records.

- How would you like to pay for your prescriptions?

Bill to a credit card Visa Mastercard Amex Discover

Account Number: _____ Exp: ____/____ Security Code: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I understand and accept the following terms and conditions:

- I agree that facility personnel are authorized to order purchases and charges on behalf of the above named resident.
- I agree to pay all charges incurred by the above named resident that are not paid by third party payors and additional charges for specially packaged medications.
- I will pay the entire amount due within the terms of the statement in accordance with each statement. I also understand that late charges will be added to balances owed for delinquency of 30 days or more.
- I agree that in order for the resident's account to remain active, payment/or billed charges must be made promptly pursuant to these terms.
- I agree to pay all charges of collection, including court costs and attorney's fees, for all delinquent balances.
- I understand that the medications furnished to the above named resident are not packaged in child proof containers.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Patient's Name

Date