

RIVERSIDE PHARMACY

935 Riverside Drive  
Gainesville, GA 30501  
Phone: (770) 532-6253 Fax: (770) 532-6505

Pharmacy Agreement

Move in Date: \_\_\_\_\_ Community: \_\_\_\_\_  
Room: \_\_\_\_\_

Resident Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Medication  
Allergies: \_\_\_\_\_

Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate  
Phone: (\_\_\_\_\_) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

Insurance: \_\_\_\_\_ BIN: \_\_\_\_\_  
PCN: \_\_\_\_\_

ID: \_\_\_\_\_  
RXGRP: \_\_\_\_\_

Medicare#: \_\_\_\_\_

Medicaid#: \_\_\_\_\_

\*\*\*Please attach an enlarged copy of front and back of all insurance cards\*\*\*

Riverside Pharmacy's monthly billing cycle ends on the 25th of each month. The undersigned agrees to pay the statement balance within 15 days after receipt of statement. Interest is charged on accounts over 30 days past due at a periodic rate of 1.5%. Any account not kept current will result in discontinuation of the account and services. Services will resume once payment of the outstanding balance is made.

Undersigned parties agree to and understand the above terms:

Responsible party:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

Witness:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_