The BioPlus Family of Pharmacies

Assignment of Benefits

If you are a Medicare patient, BioPlus Specialty Pharmacy, a Carelon company, is not permitted to submit a claim to Medicare without this form signed by you. If we do not receive this form within seven days of you receiving this welcome kit, you may be required to pay for your medications.

Considering the amount of medical expenses to be incurred, I, the undersigned, state that I have health insurance and/or employee healthcare benefits that will pay for the healthcare to be provided by BioPlus Specialty Pharmacy and their network of pharmacies: MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (each "Pharmacy"). I give the pharmacy all the rights I have for healthcare to be paid for through insurance and/or though my employee healthcare benefit plan (self-insured or fully-insured). This document is a designation of authorized representation and an assignment to the pharmacy of my right to health insurance and/or healthcare benefits (self-insured or fully-insured). The details of this authorized representation and assignment are set forth below.

I hereby assign and convey directly to the pharmacy, as my assignee and designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services, treatments, therapies, devices, and/or medications rendered or provided by the pharmacy, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the pharmacy to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator fiduciary, insurer, and/or attorney to release to the above- named healthcare provider any and all employee benefit plan documents, summary benefit description, insurance policy, and/or settlement information upon written request from the above-named healthcare provider or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance and/or plan reimbursement above, I also assign and/or convey to the pharmacy any legal, equitable, or administrative claim, or chose inaction arising under any group health plan, employee benefits plan (self-insured or fully insured), health insurance, or tort feasor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, devices, and/or medications I receive from the pharmacy (including any right to pursue those legal, equitable, or administrative claims or chose inaction). This constitutes an express and knowing assignment of ERISA* breach or fiduciary duty claims and other legal and/or administrative claims. I intend by this assignment and designation of authorized representative to convey to the pharmacy all of my rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, and/or medications provided by the above- named healthcare provider, including rights to any settlement, insurance, or applicable legal, equitable, or administrative remedies (including damages, remedies, and civil penalties arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (Pharmacy) is given the right by me to (1) obtain information regarding the claim to the same extent as me; (2) submit evidence; (3) make statements about facts or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chose inaction or right against any liable party, insurance company, employee benefit plan (self-insured or fully-insured), healthcare benefit plan, or plan

administrator. The pharmacy as my assignee and my designated authorized representative may bring suit against any such healthcare benefit plan, employee benefit plan, plan administrator, or insurance company in my name with derivative standing at provider's expense.

This assignment is irrevocable and valid for all administrative and judicial reviews under PPACA (healthcare reform legislation), ERISA, Medicare, and applicable Federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it was the original.

A copy of this form can be found at bioplusrx.com/patientforms and in your Patient Welcome Booklet.

I understand that I may contact the pharmacy at the number on my prescription label with any questions regarding this form.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT TO THERAPY.

Patient Name: _____

Patient Signature: _____

Date: _____

** ERISA is an acronym for a Federal law entitled the Employee Retirement Income Security Act. ERISA governs most group health benefits provided by employee benefit plans. A group health plan is an employee welfare benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Most private sector health plans are covered by ERISA. Among other things, ERISA provides protections for participants and beneficiaries in employee benefit plans (participant rights), including providing access to plan in formation. Also, those individuals who manage plans (and other fiduciaries) must meet certain standards of conduct under the fiduciary responsibilities specified in the law.*

Get Help in Your Language

Aside from helping you understand your privacy rights in another language; we also offer this notice in a different format for members with visual impairments. If you need a different format, please call your pharmacy at the phone number on your medication label or at 1-888-292-0744 for help.

The pharmacy offers free translation and interpretation in your language for prescription use. This includes help talking with a pharmacist, understanding the prescription label, and understanding other written info. We also provide free aids like braille or large print. Contact the pharmacy to get these services quickly.

Arabic
تقدم الصيدلية الترجمة التحريرية والترجمة الشفهية الفورية مجانًا بلغتك لاستخدام الوصفة الطبية. يتضمن ذلك المساعدة في التحدث معالصيدلي وفهم ملصق الوصفة الطبية وفهم المعلومات المكتوبة الأخرى. كما نقدم مساعدات مجانية مثل طريقة برايل أو الطباعة بالأحرف ال لكبيرة. بادر بالاتصال بالصيدلية للحصول على هذه الخدمات سريعًا.

Armenian
Դեղատունն առաջարկում է անվճար բանավոր և գրավոր թարգմանություն ձեր լեզվով դեղատոմսով դեղերի մասին տեղեկությունների համար: Սա ներառում է օգնություն դեղագործի հետ խոսելու, դեղատոմսի պիտակը հասկանալու և գրավոր այլ տեղեկություններ ստանալու հարցում: Մենք տրամադրում ենք նաև անվճար օժանդակ նյութեր, ինչպիսիք են բրայլը կամ մեծատառ տպագրությունը: Այս ծառայություններն արագ ստանալու համար կապ հաստատեք դեղատան հետ:

Chinese
药房提供您语言的免费翻译和口译供处方使用。这包括帮助与药剂师交谈、了解处方标签以及了解其他书面信息。我们还提供免费辅助工具，如盲文或大字版。请联系药房以快速获得这些服务。

Farsi
داروخانه به شما خدمات ترجمه کتبی و شفاهی رایگان برای نحوه مصرف دارو ارائه می‌دهد. این خدمات عبارتند از کمک در صحبت با داروساز، درک برچسب دارو و فهمیدن سایر اطلاعات مکتوب. ما همچنین کمک‌های رایگانی مانند خط بریل یا چاپ درشت ارائه می‌دهیم. برای دریافت سریع این خدمات با داروخانه تماس بگیرید.

French
La pharmacie propose une traduction et une interprétation gratuites dans votre langue pour l'utilisation des ordonnances. Cela comprend une l’aide pour discuter avec un pharmacien, comprendre l’étiquette de prescription et d’autres informations écrites. Nous fournissons également des aides gratuites comme le braille ou les gros caractères. Contactez la pharmacie pour disposer rapidement de ces services.

Haitian- Creole
Famasi a ofri tradiksyon ak entèpretasyon gratis nan lang ou pou itilizasyon preskripsyon. Sa enkli èd pou pale ak yon famasyen, konprann etikèt preskripsyon an, ak konprann lòt enfòmasyon ekri. Nou bay èd gratis tankou bray oswa gwo lèt. Kontakte famasi a pou w jwenn sèvis sa yo byen vit.

Italian
Per i farmaci soggetti a prescrizione, la farmacia offre servizi gratuiti di traduzione e interpretariato nella tua lingua. Ciò include la comunicazione con un farmacista, la comprensione dell'etichetta dei farmaci prescritti e la comprensione di altre informazioni. scritte. Forniamo inoltre supporti gratuiti come il braille o la stampa in caratteri grandi. Contatta subito la farmacia per ottenere questi servizi.

Japanese
当薬局では、処方箋の使用に際して、お客様の言語への翻訳・通訳サービスを無料で提供しています。このサービスには、薬剤師との会話、処方箋ラベルの理解、その他の書面による情報の理解に関する支援が含まれます。また、点字や拡大文字などの補助資料も無料で提供しております。薬局にご連絡いただければ、迅速にサービスをご提供いたします。

Korean
처방전 사용을 위해 귀하의 언어로 무료 번역 및 통역 서비스를 약국에서 제공합니다. 여기에는 약사와의 상담, 처방전 라벨 이해, 기타 서면 정보 이해에 대한 지원이 포함됩니다. 점자나 대형 인쇄본과 같은 무료 보조 도구도 제공합니다. 해당 서비스를 신속하게 받으시려면 약국에 연락하시기 바랍니다.

Polish
Jeśli chcesz zrealizować receptę w swoim języku, apteka może zapewnić Ci bezpłatne tłumaczenia pisemne i ustne. Oferowana pomoc dotyczy komunikowania się z farmaceutą i zrozumienia etykiety leku oraz innych zapisanych informacji. Udostępniamy również bezpłatne pomoce, takie jak informacje zapisane alfabetem Braille'a lub dużym drukiem. Aby szybko skorzystać z tych usług, skontaktuj się z apteką.

Portuguese
A farmácia oferece tradução e interpretação gratuitas no seu idioma para uso de receitas. Isso inclui ajuda para falar com um farmacêutico, entender o rótulo da receita e entender outras informações escritas. Também fornecemos recursos gratuitos, como braille ou letras grandes. Entre em contacto com a farmácia para obter esses serviços rapidamente.

Punjabi
ਫਾਰਮੇਸੀ ਨੁਸਖ਼ੇ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਅਨੁਵਾਦ ਅਤੇ ਵਿਆਖਿਆ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦੀ ਹੈ। ਇਸ ਵਿੱਚ ਇੱਕ ਫਾਰਮਾਸਿਸਟ ਨਾਲ ਗੱਲ ਕਰਨ ਵਿੱਚ ਮਦਦ, ਨੁਸਖ਼ੇ ਦੇ ਲੇਬਲ ਨੂੰ ਸਮਝਣਾ, ਅਤੇ ਹੋਰ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣਾ ਸ਼ਾਮਲ ਹੈ। ਅਸੀਂ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਰਗੀਆਂ ਮੁਫ਼ਤ ਸਹਾਇਤਾ ਵੀ ਪ੍ਰਦਾਨ ਕਰਦੇ ਹਾਂ। ਇਹ ਸੇਵਾਵਾਂ ਜਲਦੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਫਾਰਮੇਸੀ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Russian
Аптека предлагает бесплатный письменный и устный перевод на ваш язык для информации о рецептурных препаратах. Это включает в себя помощь в общении с фармацевтом, понимание этикетки рецепта и другую письменную информацию. Мы также предоставляем бесплатные вспомогательные материалы, такие как шрифт Брайля или крупный шрифт. Обратитесь в аптеку, чтобы получить эти услуги быстро.

Spanish
La farmacia ofrece servicios de traducción e interpretación gratuitos en su idioma para su uso con medicamentos recetados. Esto incluye ayuda para hablar con un farmacéutico, comprender la etiqueta de los medicamentos recetados y comprender otra información escrita. También ofrecemos ayuda gratuita, como braille o letra grande. Comuníquese con la farmacia para obtener estos servicios rápidamente.

Vietnamese
Nhà thuốc cung cấp bản dịch và thông dịch miễn phí bằng ngôn ngữ của quý vị cho sử dụng toa thuốc. Điều này bao gồm trợ giúp nói chuyện với dược sĩ, hiểu toa thuốc và hiểu các thông tin bằng văn bản khác. Chúng tôi cũng cung cấp các hỗ trợ miễn phí như chữ nổi braille hoặc bản in chữ lớn. Vui lòng liên hệ với nhà thuốc để nhận được những dịch vụ này một cách nhanh chóng.

Tagalog
Nag-aalok ang botika ng libreng pagsasalin at interpretasyon sa iyong lengguwahe para sa paggamit ng reseta. Kabilang dito ang tulong sa pakikipag-usap sa isang parmasyutiko, pag-unawa sa tatak ng reseta, at pag-unawa sa iba pang nakasulat na impormasyon. Nagbibigay din kami ng mga libreng tulong tulad ng braille o malaking print. Makipag-ugnayan sa parmasya upang mabilis na makuha ang mga serb.