meijer
specialty pharmacy

Meijer Specialty Pharmacy
Designation of Agency

Scope of Agency: I designate **Meijer Specialty Pharmacy** acting through its legal entity, Meijer Stores Limited Partnership, its affiliates and its employees, agents and representatives ("**Meijer**") as my agent with the authority to act on my behalf for purposes of facilitating insurance benefits investigations, prior authorizations, appeals, step edits, and other processes necessary to obtain coverage by my patient's insurance provider for medications I have prescribed ("**Communications**"). Communications may be oral or in writing. Meijer may sign Communications on my behalf. If necessary to indicate the agency relationship in signing Communications, Meijer shall note its agency relationship with the phrases "on behalf of", "as agent", "as authorized representative", or other similar language. In performing Communications, I authorize Meijer to provide information from the patient's medical record to the extent permitted by law; provided however, Meijer is not authorized to provide clinical information on my behalf other than that which is derived directly from the patient's medical record.

Term of Agency: The term of this Agency shall become effective as of the date of my signature below, shall continue for a period of one (1) year, and shall renew for continuous one (1) year terms unless otherwise terminated as provided herein (collectively, "**Term**").

Termination of Agency: The Term of the Agency may be terminated by either Party, for convenience with three (3) business days prior written notice to the non-terminating Party. Notice shall be deemed to have been given upon actual receipt by the non-terminating Party. Termination of the Agency shall not affect any Communications made before the effective termination.

Facility: To the extent this designation is executed on behalf of a facility or prescriber group, this Agency designation shall extend to all prescribers in that facility or prescriber group. An exhibit may be attached to this agreement to specify by name all prescribers in that facility and prescriber group. By signing below, the prescriber represents that he or she has authority to bind the applicable facility or prescriber group.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first set forth above.

Meijer Specialty Pharmacy:
Meijer Stores Limited Partnership
By: Meijer Group, Inc., its general partner

Signature:_____

Name: _____

Date: _____

Prescriber or Facility:

_____

Signature:_____

Name: _____

Date: _____

meijer specialty pharmacy

Primary Practice Name:_____

Address:_____

City:_____ State:_____ ZIP:_____

Phone:_____ Fax:_____

Prescriber First Name	Prescriber Last Name	MD, DO, NP, PA	NPI #

Complete this form and fax to 855-963-4537