



227 Main Street
Fort Fairfield, ME 04742
Phone: 1-888-422-7319
www.i-carepharmacy.com

To Our Valued Customers:

It is I Care Pharmacy's (ICP) policy to require a **USPS Signature Confirmation** for **controlled substance** prescriptions to ensure delivery to the appropriate person. You have expressed hardship and we understand that you are unable to sign for your prescriptions at the time of delivery. If you choose to sign this contract and mail it back to ICP we will mail your controlled substance prescriptions to you without a **USPS Signature Confirmation**. **Please Note:** You will continue to receive your prescriptions as "**Signature Required**" until **I Care Pharmacy** receives your signed **Signature Waiver Form**.

By signing this Signature Waiver Form you agree to the following:

- 1. You have requested the medication to be filled by I Care Pharmacy.**
- 2. You agree that standard delivery confirmation from the USPS will serve as an acknowledgment of receipt of your medication.**
- 3. You will pay any co-pays that may be due to ICP in a timely fashion.**
- 4. You will assume all responsibility to report any damaged, lost, and/or stolen packages to the USPS.**
- 5. This agreement will remain in effect until either party gives verbal or written notice to revert back to USPS signature confirmation delivery.**

Print Name: _____

Date of Birth: _____

Signature: _____ Date: _____

Your controlled substance prescriptions will continue to be sent requiring you to sign for them until this letter is returned to us. Please feel free to contact us if you have any questions.

Sincerely,

I Care Pharmacy

PHARMACY USE ONLY

After updating the patients' record, initial and date the appropriate blank and forward to Human Resources.

Initials _____ Date _____ ID Verified by _____