



227 MAIN STREET  
FORT FAIRFIELD, ME 04742  
PHONE: 1-888-422-7319  
I-CAREPHARMACY.COM

To Our Valued Customer:

Your **Health Insurance Prescription Plan** requires a signature confirmation when your medication is delivered or picked up. We realize it may be inconvenient for our customers to sign for their prescriptions at the time of delivery so unless you have a unique situation which requires you to sign for your package you have the option to complete this **“Signature Wavier Form”** and mail it back to us. **Please Note:** You will continue to receive your prescriptions as **“Signature Required”** until I-Care Pharmacy receives your signed **Signature Wavier Form**.

**By signing this Signature Wavier Form, you agree to the following:**

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

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Your prescriptions will remain signature confirmation until this letter is returned to us in the enclosed postage-paid envelope. Please feel free to contact us if you have any questions.

Sincerely,

I Care Pharmacy

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PHARMACY USE ONLY

After updating the patients' record, initial and date the appropriate blank and forward to the Patient Care Coordinator.

Initials \_\_\_\_\_ Date \_\_\_\_\_ ID Verified by \_\_\_\_\_