



Dear Valued Customer:

Rx Advantage, Inc. offers you two convenient ways to pay your monthly statement. We will automatically debit your checking account or charge your credit card account on the 15th day of each month unless otherwise specified. Your Rx Advantage statement will arrive on or before the 10th day of each month, giving you ample to time to contact our Billing Department with any questions before your account is charged.

Both options save you time and postage. Most importantly, they give you the peace of mind that your account will be kept current allowing Rx Advantage to provide pharmacy services 24 hours a day and 365 days a year.

Option 1 - Preauthorized ACH Debit Service

This service is a payment method in which you can authorize a monthly direct debt from your checking account for pharmacy services provided by Rx Advantage, Inc. Accounts will be debited on the 15th of each month unless otherwise specified.

The following requirements are needed to participate in the Preauthorized ACH Debit Service:

1. An active checking account
2. Completion of the **Pre-authorized Payment (Debit) Service Authorization Agreement** form located on the back of this letter
3. A copy of a **voided check** attached to the completed Debit Agreement and returned via mail or fax to Rx Advantage's Billing Department

Option 2 – Credit Card Payments

This service is a payment method in which you can authorize a monthly charge to be billed to your credit card. Credit cards will be charged on the 15th of each month unless otherwise specified.

The following requirements are needed to participate in the Credit Card Service:

1. An active credit card account
2. Completion of the **Payment by Credit Card Authorization Form** located on the back of this letter
3. Return the completed Payment by Credit Card Authorization Form via fax or mail to Rx Advantage's Billing Department

If you have any questions, please call our Billing Department at 1-877-770-7923 and we will be happy to assist you.

Sincerely,

Alecia Booker
Billing Department Manager



Patient Safety Through Innovation

Pre-authorized Payment (Debit) Service Authorization Agreement

Rx Advantage, Inc.

Company Name

I (we) authorize the above COMPANY and the financial institution listed below to electronically debit my (our) Checking Account for the payment re:

Patient (Account) Name

Bank Name, Branch Location, City, State, Zip Code, Bank Transit/ABA Number, Account Number

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by COMPANY, upon request, to the BANK.

Name (Please Print)

Signature, Date

Please staple a voided check to this form in order to verify bank account information for debiting your Checking Account.

Payment by Credit Card Authorization Form

Circle One Only: VISA, MASTERCARD, DISCOVER

CREDIT CARD NUMBER

EXP. DATE

Authorized Signature:

Card Members Name: (Print)

Account Name/Patient Name: