Clover Health

Please send completed forms to the following fax line: **1-888-481-8861**

Consent for Recurring Mailing of Prescriptions Follow Up Call (Opt in)

Agent Information:	
Agent Full Name:	Agent NPN:

Member Information:		
Member Full Name:		
Member ID Number (MBI): _____	Birth Date (MM/DD/YYYY): ___ ___ /___ ___ /___ ___ ___ ___	
Primary Address:		
City:	State:	ZIP Code:

WHAT IS CLOVER HEALTH'S PRESCRIPTION DELIVERY SERVICE?

Clover Health will ship your prescriptions with no-cost shipping, and in most cases, no increase to your medication costs. This service is **optional**.

ARE THERE RISKS OR BENEFITS TO PARTICIPATION?

Clover Health will coordinate with you and your pharmacy to seamlessly transition your prescriptions to Clover Health's partner pharmacy that will fill/send the recurring mailing of your prescriptions.

CONSENT

By signing this form, I CONSENT to be contacted by a Clover Health representative to discuss the different options Clover Health provides to assist me with medication adherence. This may include discussing the option to transition some or all of my prescriptions to recurring mailing until I notify Clover Health otherwise. This call can only occur if I am confirmed as a Clover member.

I understand that consent for this is voluntary, and none of my rights and confidentiality or privacy are waived by my consent. I have been told and understand that refusal to consent to a follow up call shall have no effect on the level or nature of benefits in my health plan. In addition, I understand that the information collected will have no negative financial impact on my plan premium or benefits. I understand this consent shall apply for as long as I am a Clover Health member and is revocable at any time.

Member or Authorized Representative

Print Name: _____

Signature: _____ Date: _____

❑ Check here if you are signing as an authorized personal representative. Please attach the appropriate documentation (e.g., power of attorney, court order).

(Optional) Please list the prescriptions you are currently taking below:

_____ (Initial) _____

_____ (Initial) _____

_____ (Initial) _____

_____ (Initial) _____

_____ (Initial) _____

_____ (Initial) _____

_____ (Initial) _____

_____ (Initial) _____