



7101 Hwy. 90, Suite 300
Daphne, Alabama 36526
Phone: 251-625-6100 Fax: 251-625-6502

Payment Options Update

Rx Advantage, Inc. currently accepts personal checks and credit cards (Visa, MasterCard and Discover) for the payment of pharmacy services due.

Rx Advantage, Inc. will offer the ability for you to use Preauthorized ACH Debit Service. This service is a payment method in which you can authorize a monthly direct debit from your checking account for pharmacy services provided by Rx Advantage, Inc. Accounts will be debited on the 5th of each month unless specified.

The following requirements are needed to participate in this service:

- 1.) Have an active checking account
- 2.) Complete the Pre-authorized Payment (Debit) Service Authorization Agreement form located on back of this letter.

Sincerely,

Travis Hadder Pharm. D., C. Ph.

Pharmacy Manager

- * **If you would like to pay by credit card on a monthly basis, please complete bottom form located on back of this letter.**
- * **If you currently used a credit card to pay for services, please take the time to update your information.**

7101 Highway 90, Suite 300 • Daphne, Alabama 36526
Phone (251) 625-6100 • Toll Free (877) 770-7923 • Fax (251) 625-6502 • Toll Free Fax (866) 478-7909

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Pre-authorized Payment (Debit) Service Authorization Agreement

Fax to: (251) 625-6502 OR (866) 478-7909
Attn: Admissions & Billing Departments

Rx Advantage, Inc.

Company Name _____
Company ID Number

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

Account Name (Patient)

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) _____
ID Number

Signature _____
Date

Please staple to this form a voided check to verify bank account information for debits from 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: _____

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