



By signing below, I consent South Alamo Medical Group permission to access my pharmacy benefits electronically through RX Hub. My consent will allow South Alamo Medical Group to:

- Determine the pharmacy benefits and drug co-pays
 - Verify whether a prescribed medication is covered under the insurance plan formulary.
 - Display medication alternatives that are on the insurance formulary.
 - Download a list of all medications that have been prescribed
 - Obtain my prescription benefits and information on other prescriptions prescribed to me by other providers outside of South Alamo Medical Group.
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Patient Name

Date of Birth

Parent Name

Parent Signature

Date