



ntiDirectCare’s prescription consulting program helps you lower your out of pocket spending for prescriptions. Send us details about your prescriptions to see what your savings can be.

My employer: \_\_\_\_\_

I am an employee \_\_\_ I am a spouse or dependent \_\_\_

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

List prescription medications taken by you or any family members covered by your health insurance. We’ll send you savings recommendations.

**DETAILS MATTER! PLEASE REFERENCE MEDICINE LABELS WHENEVER POSSIBLE**

Prescription	Generic or Brand?	Dose/Strength	Quantity you buy	Price
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			
	<input type="checkbox"/> Generic <input type="checkbox"/> Brand			

Signature \_\_\_\_\_

Date \_\_\_\_\_