

Last Name:

MI:

First Name:

Address:

Apt:

City:

State:

Zip:

Date of Birth: / /

Gender: Male Female

Social Security: - -

Medicare Coverage: Yes No

Phone: () -

Alternate Number: () -

Email Address:

Annual Household Income: \$

Number in Household:

Physician:

City:

State:

Zip:

Phone: () -

Fax: () -

Please list all medications you are currently taking:

Number of days requesting: 90 days - \$20.00
 180 days - \$40.00
 360 days - \$80.00

Are you allergic to any medications?

Yes No

If Yes please list

Additional Comments:

"Please mail the completed application along with your prescription(s) and appropriate fees to":

Xubex® Pharmaceutical Services
P.O. Box 1244
Winter Park, FL 32790-1244

Or you may call us, toll free at:

1-866-MYXUBEX (866-699-8239)

For faster service you may **FAX** your completed application, credit card information and your prescription(s) to:

407-671-7960. Credit card orders only.

Checks, Money Orders or Credit Cards Only. Do not send cash.

A shipping and handling fee of \$3.85 applies to each order placed.

Credit Card Authorization

If paying by Credit Card, please complete:

Type of Card:

VISA MC Disc A/E

Credit Card Number

Expiration Date

 /

VCode

Name on Credit Card

*I authorize **Xubex®** Pharmaceutical Services to charge this credit card for payment.*

Signature of Cardholder

I Authorize Xubex Pharmaceutical Services to act as my agent in the State Of Florida to obtain and ship medication to the listed address. In addition I attest that the information provided in this application is complete and accurate.

This authorization or a copy shall be valid for 12 months form the date of signature. I understand that **Xubex®** Pharmaceutical Services reserves the right to refuse to enroll me or dis-enroll me from the Patient Assistance Program based on any unintended use or abuse, or illegal distribution of any products in this program.

Signature

Date

Xubex® Pharmaceutical Services reserves the right to add or delete medications available, change administrative fees, or discontinue **Xubex®** at any time. **Xubex®** Pharmaceutical Services does not accept returns of unused medication, and administrative fees are non-refundable once your prescription has shipped.

Prices change for Tier 2 Class Of Drugs: (\$30,\$60,\$120)

Version 3.2 (04/24/2006)

