



Patient Information and Assignment Agreement

Aetna Specialty Pharmacy®

We wanted to provide you with a list of your rights and responsibilities as an Aetna Specialty Pharmacy patient. If you have any questions, please contact us toll free at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**.

PATIENT'S RIGHTS AND RESPONSIBILITIES

Each Patient Has the Right To:

- Be treated with dignity and respect without regard to race, color, creed, sex, age, national or ethnic origin, diagnosis, or source of payment.
- Be provided with information regarding ownership, available services, insurance coverage, and other charges if applicable.
- Be informed about his/her illness and treatment, when and how services will be provided, the name and function of any person and agency providing care and service, and the name of the person responsible for coordination of care.
- Be informed in advance about any changes in the care or treatment as it pertains to his/her well being.
- Make informed decisions about his/her care and actively participate in the planning of care.
- Be instructed about his/her therapy in order to reach the highest level of care and wellness.
- Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible.
- Participate in experimental treatment and research with voluntary, informed consent documented.
- Refuse treatment, within the confines of the law, after being fully informed of and understanding the consequences of such action.
- Confidentiality and privacy in treatment and care, including confidential treatment of patient records, and to refuse the release of his/her patient information to any individual outside, except in the case of transfer to another health facility, or as required by law or third-party contract.
- Be informed of any financial benefit when referred to an organization.
- Voice complaint and grievance and be informed of the procedure for registering complaints without reprisal, coercion, or unreasonable interruption of services.
- Receive prompt response to all reasonable interruption of services.
- Have a right to appropriate assessment and management of pain.

Each Patient is Responsible For:

- Providing accurate and complete information regarding his/her medical history.
- Agreeing to a schedule of services and reporting any cancellation of scheduled appointments.
- Participating in the development and updating of a plan of care.
- Communicating whether he/she clearly understands the course of treatment and plan of care.
- Following the plan of care and clinical condition.
- Reporting problems, unexpected changes in physical condition, hospitalizations, concerns or complaints.
- Accepting responsibility for his/her actions if refusing treatment or failing to follow a plan of care.
- Fulfilling financial obligations for services.
- Respecting the rights of home caregivers.

California Residents - DMHC Written Notice of Availability of Language Assistance

HMO and DMO-based plans - **IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-287-0117.

Planes basados en DMO y HMO - **IMPORTANTE:** ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-877-287-0117.

California Residents - DOI Written Notice of Availability of Language Assistance

PPO-based plans - **IMPORTANT:** You can get an interpreter at no cost to talk to your doctor or health insurance company. To get an interpreter or to ask about written information in your language, first call your insurance company's phone number at 1-877-287-0117. Someone who speaks your language can help you. If you need more help, call the Department of Insurance Hotline at 1-800-927-4357.

Planes basados en PPO - **IMPORTANTE:** Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su compañía de seguros. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su compañía de seguros al: 1-877-287-0117. Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame a la línea directa del Departamento de seguros al 1-800-927-4357.



Assignment of Benefits Aetna Specialty Pharmacy®

I hereby authorize Aetna Specialty Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Aetna Specialty Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form.

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Aetna Specialty Pharmacy to collect money on my behalf.

I have read, understand and agree to all the information above and on page one of this document. A photocopy of this agreement may be used as though it were an original.

This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please Print Your Name: _____ Date: _____

Patient/Guardian Signature (if applicable): _____ Date: _____

Signature of the Primary Insured: _____ Date: _____

Patient Social Security Number: _____

There is another copy of this form in your packet. Please sign both copies and keep one for your records. Please return one copy to us in the enclosed business reply envelope.



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Patient Social Security Number: _____