

**PROGRAM FOR ASSISTED LIVING COMMUNITIES IN THE
STATE OF FLORIDA**

JUST SIGN-UP YOUR ASSISTED LIVING COMMUNITY WITH AMERICAN DISCOUNT PHARMACY AND RECEIVE FREE DELIVERY (ONE DAY PER WEEK) WITHIN A 50-MILE RADIUS FROM IMMOKALEE, FLORIDA. IN ADDITION, YOU OBTAIN CAREFREE ACCESS TO OVER 1000 GENERIC, FDA-APPROVED PRODUCTS AT LOW PRICES. THERE IS NO FEE OR CONTRACT. AND, EVEN IF YOUR FACILITY IS OUTSIDE OUR RADIUS; YOU WILL RECEIVE \$2 SHIPPING CHARGES FOR MAIL ORDER AS A PREFERRED SITE. WE WILL CREATE AN ACCOUNT AND BILL YOUR FACILITY EACH MONTH. EACH PATIENT WILL BE REQUIRED TO FILL OUT A PRESCRIPTION ORDER FORM TO CREATE A PROFILE. IF THE PATIENT IS UNABLE, THEN EITHER A CAREGIVER, THE HEALTHCARE REPRESENTATIVE IN CHARGE OF THE PATIENT'S MEDICATION REGIMENT, OR AN AUTHORIZED REPRESENTATIVE OF THE FACILITY MAY COMPLETE THE PROFILE AS LONG AS IT IS WITHIN STATE, FEDERAL, AND THE ASSISTED COMMUNITY FACILITY POLICY. INACCURATE, INCONSCIE, OR MISSING INFORMATION MAY HINDER AMERICAN DISCOUNT PHARMACY'S ABILITY TO PERFORM VITAL CHECKS AND BALANCES. IT IS THE RESPONSIBILITY OF THE FACILITY TO MAKE SURE WE HAVE ALL THE NECESSARY INFORMATION UP TO AND INCLUDING CHANGES IN MEDICATION THERAPY WHICH MAY OCCUR DURING THE COURSE OF TREATMENT. ALMOST ALL PRESCRIPTION INSURANCES INCLUDING MEDICARE PART D ARE ACCEPTED.

SIMPLY FILL OUT THE QUESTIONS BELOW AND MAIL THE FORM TO:

AMERICAN DISCOUNT PHARMACY
110 EAST MAIN STREET, SUITE A
IMMOKALEE, FL 34142

OR CALL US AT 1-877-791-MEDS (6337) TO FACILITATE THE PROCESS.

FACILITY NAME: _____
ADDRESS: _____
CONTACT NAME: _____
PHONE NUMBERS: _____
ACCOUNT NAME TO BILL: _____
BILLING ADDRESS: _____

WE CAN BILL ANY DAY OF THE MONTH. LET US KNOW WHAT IS GOOD FOR YOUR FACILITY. THANK YOU AGAIN FROM *AMERICAN DISCOUNT PHARMACY*. WE APPRECIATE YOUR BUSINESS.