Delivery Program Agreement

By signing this Horizon Pharmacy Delivery Program Agreement, I agree to the following:

- I understand that Horizon Pharmacy will only deliver to addresses within 25 miles of the pharmacy.
- I understand that I can have my medications delivered to my home, work, or an address of my choice. Once an address is chosen, that will be the address for all deliveries. Delivery addresses cannot be continuously changed based on the day of delivery.
- I understand prescription medications will be delivered within two business days after the prescription is received by the pharmacy. I will receive text message notifications when my medications are out for delivery.
- I understand over-the-counter items can be delivered along with my prescription medications OR if I spend at least $20 on over-the-counter items.
- I understand that as a part of the Horizon Pharmacy Delivery Program, I must have a credit card number on file. NO CASH will be accepted at time of delivery. Costs of medications will be texted to the phone number on file one day before delivery and a receipt will be provided upon delivery.
- I understand that all my prescriptions will be delivered moving forward. If there is a prescription sent to the pharmacy that I would like to pick-up from the pharmacy, rather than having it delivered, it is my responsibility to call the pharmacy and speak with a member of the pharmacy team to request the prescription be left at the store for pick-up. I understand that a voicemail or text message is not an approved way to request changing my prescription status from delivery to in-store pick-up.
- I understand that it is my responsibility to ensure that my delivery address is up-to-date and accurate. If I fail to update my address with the pharmacy before delivery, I will be responsible for retrieving my medication from the incorrect address.
- CONTROLLED SUBSTANCES: I understand that medications requiring photo ID will not be delivered without someone over the age of 18 at the delivery location to accept the medication. The person accepting the delivery will have to provide the delivery driver with a photo ID and sign for the prescription. I understand that if an eligible person is not present at the time of delivery, the prescription will be taken back to the pharmacy for pick-up and the pharmacy will not attempt a second delivery.
- REFRIGERATED MEDICATIONS: I understand that medications requiring refrigeration will be delivered in a reusable cooler provided by Horizon Pharmacy. I understand that it is my responsibility to retrieve the medications from the cooler in a timely manner. If I do not retrieve the medication in a timely manner and the item does not stay in the appropriate temperature range, I understand that I will be responsible for any associated costs incurred with replacing the medication. I understand that I will be provided with one **reusable** cooler and ice packs at no cost to me. It is my responsibility to keep the cooler in good, clean condition and ensure the cooler is placed outside in an accessible location prior to refrigerated items being delivered if I will not be home to receive the delivery. All ice packs are to be left inside the cooler and will be replaced by the delivery driver each visit. I understand if I am not home to receive a delivery of refrigerated items, and fail to leave my cooler accessible, a new cooler will be left by the delivery driver and a $15.00 replacement fee will be charged to my account. A $3.00 replacement fee will be charged if ice packs are not left in the cooler. (These fees are necessary to cover replacement costs to ensure Horizon Pharmacy can continue to offer delivery services free of charge.)
- I understand that my medications will be handed to an individual at the delivery address or left in a location designated by me. No prescriptions will be left in my mailbox.
- I understand that if my medication is stolen from the delivery address, a police report must be started before Horizon Pharmacy can proceed with any action.
- I understand that the delivery driver will not pick-up any hard copies (printed or handwritten) of prescriptions. All prescriptions must be dropped off at the pharmacy by the patient or sent directly from the doctor's office.
- I understand that for the safety of the delivery driver, all animals must be secured at the delivery address before the driver exits the vehicle and the delivery driver will not enter my residence.

By signing below, I agree to all of the above terms and conditions. I authorize the use of the credit card on file to be used to pay for all medication copays and/or any over-the-counter medications that I may request to be delivered. I authorize Horizon Pharmacy delivery drivers to sign on my behalf for the delivery of my medications if no other signature is obtainable. I understand delivery drivers may NOT sign on my behalf for controlled substances.

Customer Printed Name: _____ Customer DOB: _____

Customer or Parent/Guardian Signature: _____ Date: _____

HORIZON Pharmacy

Delivery Program Additional Information

Customer Printed Name: _____Customer DOB:_____

Home Address and Cell Phone Number (used for texts about medications & deliveries)

Cell Phone Number: _____

Street Address: _____

City: _____ *State*: ____Virginia____ *Zip Code*: _____

Delivery Address

☐ Same as above listed home address

If you have a different address for delivery, please provide the address below:

Street Address: _____

City: _____ *State*: ____Virginia____ *Zip Code*: _____

Type of Address: ☐ Residence ☐ Business

Special Delivery Instructions: _____

_____

Credit Card Information

This information will only be visible by the pharmacy staff. Once entered on your pharmacy profile, this page will be confidentially shredded to ensure your privacy.

Name as it appears on the card: _____

Card Number: _____

Expiration: _____ *CVV (security code on the back on the card)*: _____
(mm/yy)

Zip Code (card billing address): _____