

## TERMS OF SERVICE

Prescription Hope, Inc offers over 1,500 brand-name medications for the set service fee of \$50 a month for each medication. This Terms of Service provides information about how Prescription Hope, Inc. medication service works.

### Service:

Prescription Hope, Inc. is a fee-based medication advocacy service that assists patients in enrolling in applicable pharmaceutical companies' patient assistance programs. You hereby authorize Prescription Hope, Inc. to act on your behalf and to sign applications for patient assistance programs by hereby granting to Prescription Hope, Inc. a limited power of attorney for the specific purposes of enrolling you in patient assistance programs and any related activities to process your enrollment. You understand this authorization can be revoked at any time by you by providing a signed letter of cancellation to Prescription Hope, Inc. as described in the Fees section. You hereby authorize your healthcare provider's office to discuss/release medical information to Prescription Hope, Inc. relating to your applications for patient assistance programs that Prescription Hope, Inc. is processing on your behalf. You understand that Prescription Hope, Inc. does not ship, prescribe, purchase, sell, handle, or dispense prescription medication of any kind. The pharmaceutical companies offer the medication through patient assistance programs at no cost. You hereby acknowledge that you are not paying for medication(s) through the Prescription Hope, Inc. service; rather you are paying for the administrative service of ordering, managing, tracking, and refilling medications received through the Prescription Hope, Inc. medication advocacy service. You also understand and acknowledge that it is each individual pharmaceutical manufacturer who makes the final decision as to whether you qualify for their patient assistance programs.

You understand Prescription Hope, Inc. does not guarantee your approval for patient assistance programs; it is up to each applicable drug manufacturer to make the eligibility determination. You will be provided details in writing for each of your eligible medications. The medication is shipped directly from the pharmaceutical company and is delivered either to your home or healthcare provider's office, depending upon the manufacturer delivery guidelines. You agree that you may be contacted via telephone, cellular phone, text message or email through all numbers and/or addresses provided by you and authorize receipt of pre-recorded and/or artificial voice messages and/or use of an automated dialing service by Prescription Hope, Inc. and/or its affiliates. By signing below, you further agree to release Prescription Hope, Inc., its agents, employees, successors and assigns from any and all liability including legal fees and costs arising from medication(s) taken by you which were procured through the Prescription Hope, Inc. medication advocacy service and/or your reliance upon the program in general. You further agree to indemnify and hold Prescription Hope, Inc., its agents, employees, successor and assigns harmless against any and all damages including legal fees and costs arising from third persons ingesting any medication procured for you through Prescription Hope, Inc. Medications covered are subject to change at any time. Prescription Hope, Inc. reserves the right to rescind, revoke, or amend its services at any time.

### Guarantee:

If you do not receive medication because you were determined to be ineligible for a patient assistance program, and you have a letter of denial by the applicable pharmaceutical manufacturer, Prescription Hope, Inc. will refund the monthly administrative service fee for the medication determined to be ineligible. All Prescription Hope, Inc. will need from you is a copy of the denial letter sent to you from the applicable drug manufacturer explaining why you are ineligible.

### Privacy:

We value our patients and make extreme efforts to protect the privacy of our patients' personal information. Patient information is processed for order fulfillment only and for no other purpose. Patient information, including all patient health information and personal information, will never be disclosed to any third party under any circumstances. All information given to Prescription Hope, Inc., its agents, employees, successors and assigns (collectively, "Prescription Hope, Inc.") will be held in the strictest confidence.

### Fees:

Prescription Hope, Inc. charges a service fee of \$50.00 per month for each medication. The monthly service fee covers 100% of the medication cost, as well as the services provided by Prescription Hope, Inc. There are no additional costs for the medication(s). If we find that we are unable to access at least one of your medication(s) during the initial enrollment process, there will be no charges to your account. If we can access your medication, the initial service fee will be debited immediately so we can begin processing the paperwork required to order each eligible medication. The initial processing of your medication order(s) ranges from an average of 4 to 6 weeks and is contingent upon prompt responses to information that we request from you and your healthcare provider(s). Prescription Hope, Inc. will process your monthly service fee on the same day each month corresponding to your enrollment date. This monthly transaction will appear on your statement as "PRESCRIPTION HOPE". You also agree to pay any associated fees should your EFT (electronic fund transfer) be returned unpaid by your financial institution. Due to the service-based nature of Prescription Hope, Inc., there are no refunds other than what is explained in the Prescription Hope, Inc. Guarantee above.

### Eligibility:

You are experiencing a hardship with affording your medication and/or you currently do not have coverage that reimburses or pays for your prescription medications. You affirm that the information provided on this form is complete and accurate. If you determine the information was not correct at the time you provided it to Prescription Hope, Inc., or if the information was accurate but is no longer accurate, you will immediately notify Prescription Hope, Inc.

### CONTACT:

If you have any questions about Prescription Hope, Inc. or its Terms of Service, you can contact us by:

**Contact Us:** <https://prescriptionhope.com/contact/>

**Mailing Address:** P.O.Box 2700 Westerville, OH 43086

**Phone Number:** 1-877-296-4673