# A Card that saves you money on prescriptions, from a pharmacy that cares about your health.

***www.laconnerdrug.com***

Full Name:_____ Date of Birth:____/_____/_____
First Middle Last MM DD YYYY

Address:_____ Home Phone:_____
Street Apt# City State Zip

Patient:
This program offers you, the cardholder, and your dependents preferred pricing on prescription drugs from you pharmacy. It is not an insurance program and does not provide insurance coverage. ScriptCard is administered by PBA Health. By accessing this preferred pricing, you acknowledge and agree that PBA Health may have access to and use your non-protected health information prescription drug data for administration of this program.

Patient's Signature:_____ Date:_____