

PIP | PATIENT ACKNOWLEDGEMENT

In the State of Florida the Personal Injury Protection (PIP) patient has the right to choose a physician and/or pharmacy. The insurance company cannot tell the patient where to receive medical care and/or prescriptions. Many states, Florida included, have authorized and encouraged the practice of physicians' dispensing.

For your convenience, we are pleased that we are able to provide several of your prescription medications at our office. However, as previously discussed with you by our office personnel, please inform your doctor if you would prefer to have your prescription filled here or at another pharmacy. **The choice is entirely yours.**

Please note that when you receive the generic medications from this site, you are receiving medication from a fully licensed, compliant, non-pharmacy dispensing site. You acknowledge that you have received education regarding medication instructions and have been explained the possible side effects of the medications dispensed by our office. Additionally, you acknowledge that you have been given a written description of the medication instructions and possible side effects, along with any applicable warning labels. By participating in this program you receive your medications now at the point of care **with no charge to you.**

Date: _____ **Patient's Name:** _____

Date of Injury: _____ **Patient's Signature:** _____