

Facsimile Cover Sheet  
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## Patient Prescription Change Request

**To:** Sample Prescriber Name

**Fax:** 8888888888

Sample Prescriber Name,

My health plan provides Rx Savings Solutions as a benefit that helps identify lower-cost options for my medications. I'm asking for your help in evaluating and approving the suggested lower-cost alternative(s) identified in this message. Making the switch to this lower cost prescription will help me save \$25.0 per fill.

You will see the specifics of the request on the next page. If you approve my request, please fax or e-prescribe the new prescription to the requested pharmacy. For any questions, please call **Rx Savings Solutions** at **1-800-268-4476**.

Thank you for your help,

Keerti Test Contact

*CONFIDENTIALITY NOTICE: The information contained in this facsimile message is privileged, confidential information subject to protection under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended for the use of the individual or entity named above. If you are not the intended recipient you are hereby notified that any disclosure, copying, or distribution of this information is STRICTLY prohibited. Protected Health Information is personal and sensitive and should only be read by authorized individuals. Please be advised that the recipient is expected to maintain this information in a safe, secure and confidential manner. HIPAA prohibits further disclosure except with specific written consent of the person to whom the information pertains. Failure to maintain confidentiality is subject to penalties under state and federal law.*

*Rx Savings Solutions is an independent company that helps Blue Advantage (PPO) plan members find lower price options for prescription medications.*

*Blue Advantage® PPO is provided by Patrius Health, an independent licensee of the Blue Cross and Blue Shield Association.*

