Script Saver Application

Become a member today for just $5.00. Enrollment is easy. Submit this form to the pharmacy to receive your membership card. ***(Please print)***

Cardholder Name _____

Family Member _____

Family Member _____

Family Member _____

Family Member _____

Family Member _____

Street Address _____

City, State, ZIP _____

Phone _____

Email _____ @ _____

This program offers you, the cardholder, and your dependents preferred pricing on prescription drugs from Drug World. It is not an insurance program and does not provide insurance coverage. Your Drug World ScriptSaver membership card must be presented at the point of purchase to receive applicable ScriptSaver benefits. ScriptSaver 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. Your information will be kept confidential and will not be given to any third party.

_____

Patients Signature Date

_____

Store Use Only Staff Initials