

How We Communicate With You

Last Modified: **March 18, 2019**

To help you process prior authorization (PA) requests, we need to send you communication via fax, or email, or both. We may also send promotional information on features and benefits available to CoverMyMeds users.

By clicking the Communication Policy check box, you represent that you are authorized to give this consent on behalf of your company, practice, or organization and that your company, practice, or organization agrees CoverMyMeds and its partners may send your company, practice, or organization information via fax regarding PA requests to the fax number(s) and/ or email address(es) you provided when you registered as a CoverMyMeds user. You also agree to receive marketing email and faxes and autodialed marketing calls and text messages from or on behalf of CoverMyMeds related to promotional information on items that may be of interest to you or your company, practice, or organization at the email address(es), fax numbers(s) and telephone number(s) you provide in connection with the use of the CoverMyMeds Services. You acknowledge that consent is not a condition of use of the CoverMyMeds services made generally available through CoverMyMeds' website.

You may revoke this consent at any time by placing a toll-free call to 1-866-452-5017 or sending a toll-free fax to 1-844-865-3740 identifying the number you would like us to remove. Your revocation of consent will only be valid if it contains the telephone number(s) of the facsimile machines you do not want us to send faxes to, you do not subsequent to making the request expressly provide us in writing or otherwise with permission to send you faxes, and you send or make the request to the telephone number or fax number listed above. Our failure to comply with your request within the shortest reasonable time from the date of your request, not to exceed 30 days, is unlawful.