

How We Communicate With You

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To help you process prior authorization (PA) requests and avail your company, practice or organization to other services of CoverMyMeds LLC, and its affiliates (“CoverMyMeds”, “we” or “us”), we may need to send you certain communications from time to time via fax, email, phone, or text message. 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 and give consent for CoverMyMeds to send your company, practice, or organization information via the email, fax, or phone number that you provided when you registered as a CoverMyMeds user or that have since been provided by you or your company, practice or organization to CoverMyMeds. By this consent, you agree we may send marketing email and faxes and autodialed marketing calls and text messages related to promotional information on items that may be of interest to you or your company, practice, or organization to any such email, fax or phone number that you may have provided to CoverMyMeds. You acknowledge that this consent is not a condition of purchase of any 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 one or more emails, faxes or phone numbers for which you would like your revocation to apply. Any such revocation of consent shall not apply if, subsequently, you provide us express invitation or permission, in writing or otherwise, to use any such email, fax or phone number to communicate with you. Applicable law requires that we comply with any revocation request within the shortest reasonable time from the date of your request, not to exceed 30 days.