

KROGER PHARMACY CUSTOMER REQUEST FOR MEDICAL EXPENSE STATEMENT

I _____ [Name] request that the Kroger Pharmacy provide a Medical Expense Statement (“MES”) for the individuals listed below. I understand that Kroger may only release an MES pertaining to my records, the records of my dependents, or the records of individuals for whom I am a personal representative in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Authorization Requirement. I understand that requests for individuals other than those listed above (such as, a spouse) will require either (1) the submission of a separate MES request signed by that individual, or (2) a valid authorization signed by that individual and attached to this form.

Individual Information.

<u>Patient Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Date Range of Required Records</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Customer or Personal Representative _____	Date _____
Address _____	Telephone (optional) _____
	E-Mail (optional) _____
Verification of Identify: _____	Known Individual _____
	Driver’s License _____
	Other ID, specify _____

If signed by the patient’s personal representative, the representative warrants that he or she has authority to sign this form on the basis of (attach a copy of any documentation used to verify authority):

Medical Expense Statement Delivery Status
 Pharmacy has provided MES to customer (circle one): Yes No

Division: _____ Store Number: _____ Received by: _____