



TDS Operating, Inc.  
 788 Montgomery Ave, Ocoee, FL 34761  
 800-289-7930 (Toll Free)  
**www.Rx30.com**

## ReClaimRx – User Agreement

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Rx30 License(s) #: \_\_\_\_\_

### READ BEFORE SIGNING

This is a binding legal document. Participants in ReClaimRx agree to exempt, waive, and relieve/ release TDS Operating, Inc. from liability for any financial loss that may potentially result from being a participant in the program, a service designed to assist in maximizing third party reimbursement by implementing behind-the-scenes AWP variation analysis with a one-step ‘user commanded’ reversal and resubmission interface.

As the AWP variation intelligence engine identifies potential resubmittal opportunities, Rx30 users are presented the opportunity to take action to maximize reimbursement for those opportunities. Rx30 user agrees, by signature to this Agreement, to the assumption of inherent risk involved with claim resubmission, and the potential of the claim being reversed with a subsequent rejected resubmission, meaning a loss of payment from the original claim. While the intelligence engine seeks to minimize such occurrence, the potential exists and Rx30 users should be aware and agree that participation in this service carries such risk of potential loss.

**NOTE: Participation in this program requires claim adjudication to be processed through the eRx Network Switch. If you utilize value-added programs from other switch providers, you will not currently be able to participate in this program.**

Please choose the program that applies to your store:

1. \_\_\_\_\_ I would like to participate in ReClaimRx at .95 per received transaction opportunity.  
 (There will be no fee assessed if no opportunities are presented.)
2. \_\_\_\_\_ I currently purchase Pre/Post Editing from **eRx Network** and would like this service included (No additional charge.)

**SIGNATURE:** I HAVE READ AND DO VOLUNTARILY SIGN THE RECLAIMRX - USER AGREEMENT; and further state and agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Authorized Signature \*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* By signing the above, I hereby certify that I am authorized by the pharmacy’s management/owner to request services on their behalf.

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_