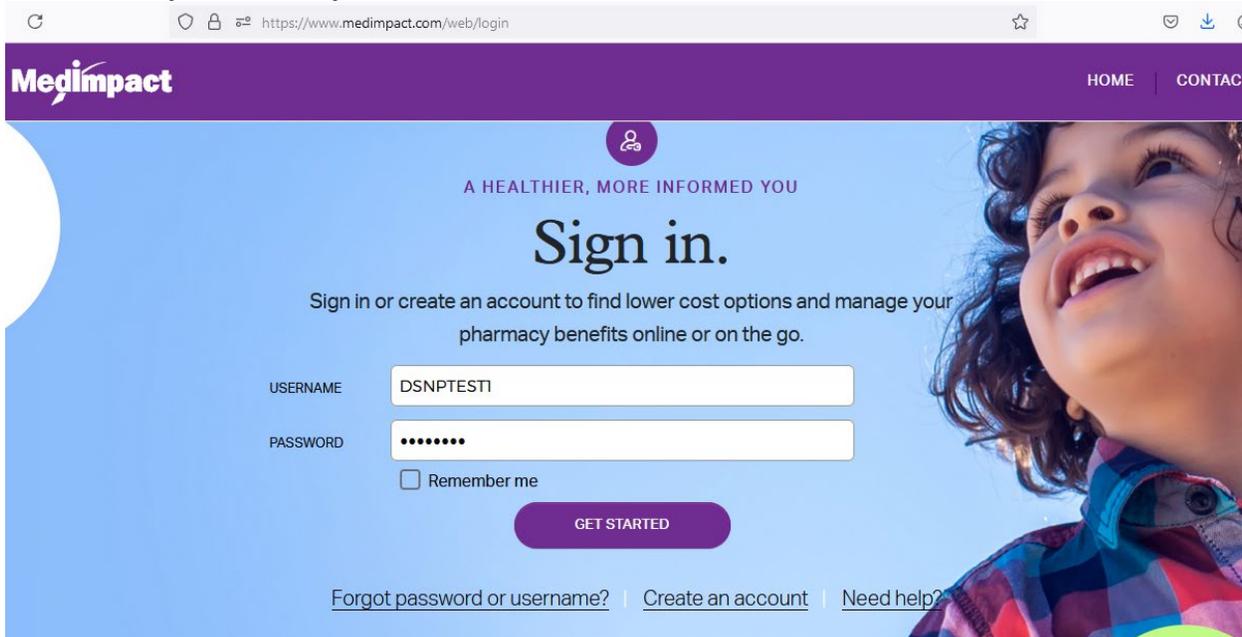
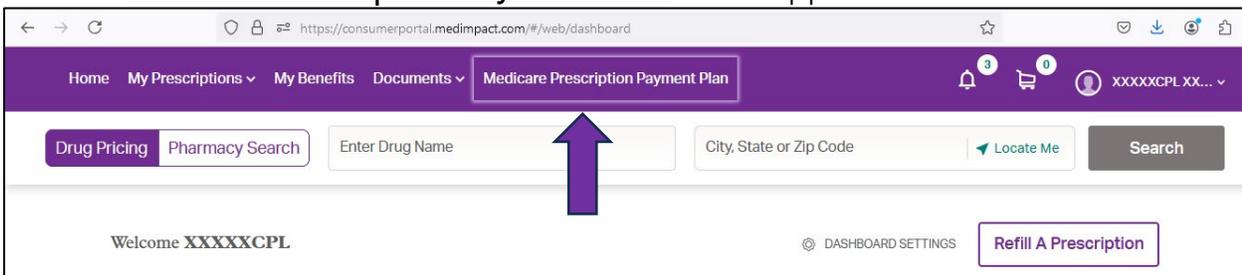


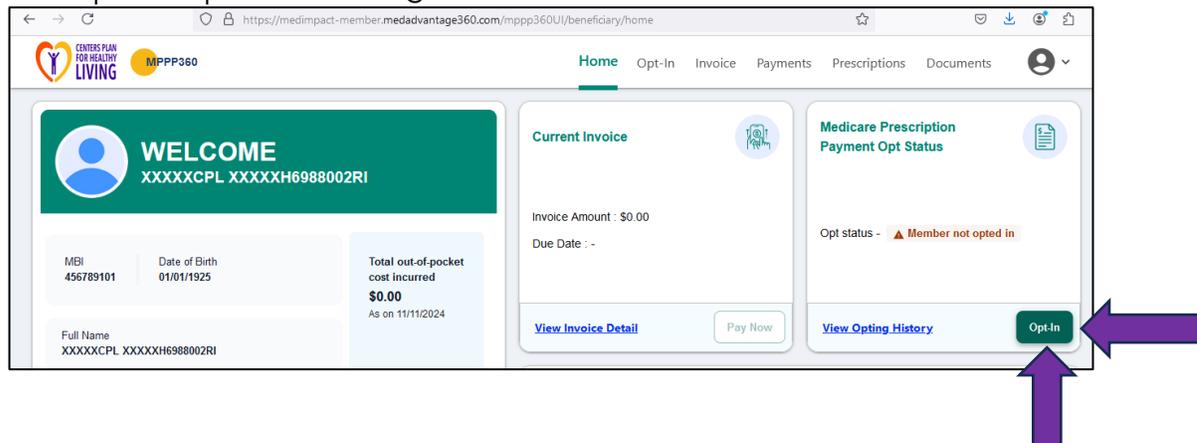
- 1) Log in to MedImpact Member Portal at mp.medimpact.com and click on "Create an account" if you do not yet have one



- 2) Click on **Medicare Prescription Payment Plan** on the upper tab



- 3) You will be redirected to Medicare Prescription Payment Plan Portal.
Click on "Opt-In" option on the right side:



- 4) Only fields marked with a red asterisk are required. If there is no authorized rep, then skip these questions and click "Next"

Opt-In

Status Start Date *
01/01/2025

Authorized Rep Details

First Name
Enter max 24 characters

Last Name
Enter max 35 characters

Street
Enter max 50 characters

City
Enter max 40 characters

State

Zip Code

Phone Number

Relationship to participant
Select Relationship

Cancel Clear Next

1/2

- 5) Uploading documents is not required. However, you MUST click on terms and conditions in order to proceed further.

Opt-In

Upload Supporting Documents

Drag & drop files or [Browse](#)
Supported formats: pdf

Documents Uploaded

No Files Selected

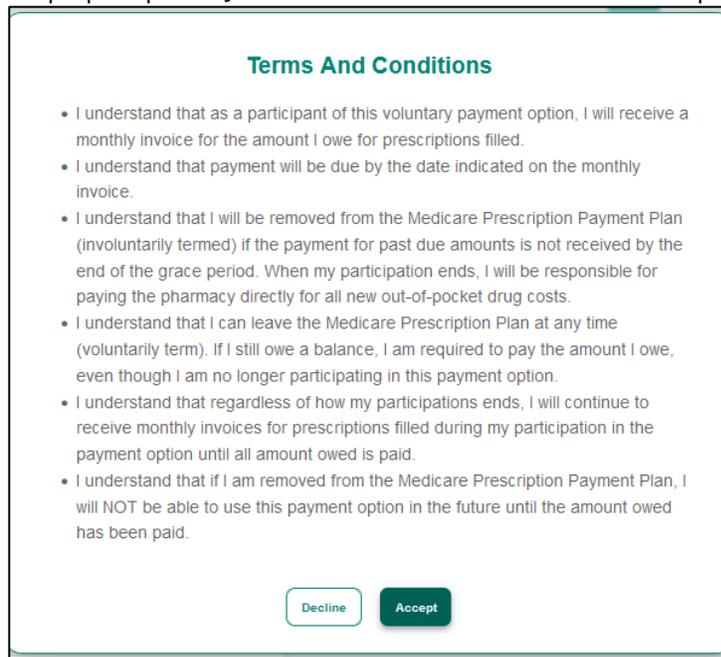
Signature Date
11/11/2024

I agree to the Terms and Conditions

Cancel Back Submit

2/2

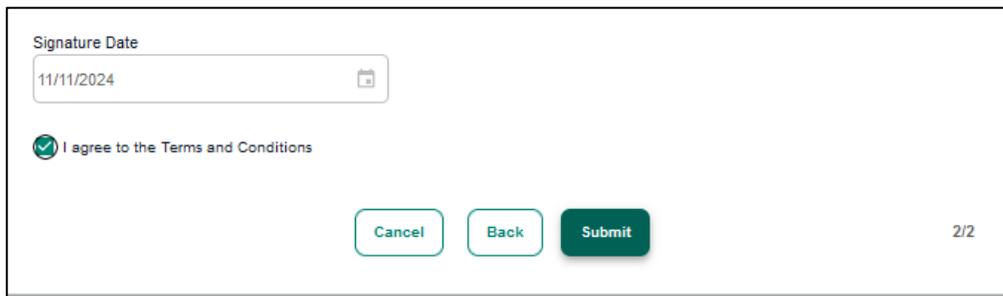
6) The following screen pops up, so you need to read and click "Accept"



Terms And Conditions

- I understand that as a participant of this voluntary payment option, I will receive a monthly invoice for the amount I owe for prescriptions filled.
- I understand that payment will be due by the date indicated on the monthly invoice.
- I understand that I will be removed from the Medicare Prescription Payment Plan (involuntarily termed) if the payment for past due amounts is not received by the end of the grace period. When my participation ends, I will be responsible for paying the pharmacy directly for all new out-of-pocket drug costs.
- I understand that I can leave the Medicare Prescription Plan at any time (voluntarily term). If I still owe a balance, I am required to pay the amount I owe, even though I am no longer participating in this payment option.
- I understand that regardless of how my participations ends, I will continue to receive monthly invoices for prescriptions filled during my participation in the payment option until all amount owed is paid.
- I understand that if I am removed from the Medicare Prescription Payment Plan, I will NOT be able to use this payment option in the future until the amount owed has been paid.

7) Then click on "Submit"

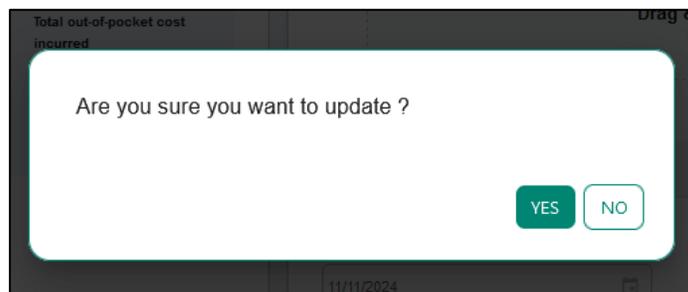


Signature Date
11/11/2024

I agree to the Terms and Conditions

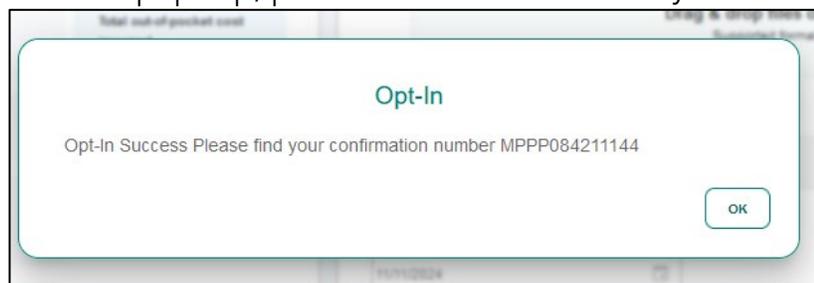
2/2

8) Click "Yes"



Are you sure you want to update ?

9) Your confirmation code pops up, please write it down in case you need it in the future:



Opt-In

Opt-In Success Please find your confirmation number MPPP084211144