

# COST PLUS ONE PRESCRIPTION CLUB

**B.D.A PHARMACY CONSULTANTS**

**3404 I-27, Lubbock, Texas, 79404 (806) 762-0035**

## PRESCRIPTION PRICES\*

- A. Brand Name – Cost plus \$1.00 or usual & customary, whichever is less.
- B. Generic Name – Cost plus \$2.00 or usual & customary, whichever is less.

## LIMITS

- A. Membership dues must be current.
- B. Prescriptions limited to 30-day supply or 100 units, whichever is greater.
- C. Non-prescription drugs excluded.
- D. Delivery fee is \$3.50; mail-out fee is \$3.00 or actual amount.
- E. Not applicable to Medicaid Recipients.
- F. Credit cards not accepted. Debit cards are accepted.
- G. Three months minimum membership required. \_\_\_\_\_ / \_\_\_\_\_  
SIGNATURE DATE

<u>MEMBERSHIP FEES*</u>	<u>UNLIMITED</u>	<u>LIMITED**</u>	<u>COMBO***</u>
A. INDIVIDUAL	\$20.00 / mo.	\$10.00 / mo.	
B. COUPLE	\$30.00 / mo.	\$15.00 / mo.	\$25.00 / mo.
C. FAMILY	\$40.00 / mo.	\$25.00 / mo.	
D. GROUP (10 OR LESS)	\$15.00 / Each Person / mo.		
E. GROUP (11-25)	\$12.50 / Each Person / mo.		
F. GROUP (25 OR MORE)	\$10.00 / Each Person / mo.		

## PAYMENT

- A. Monthly
- B. Quarterly
- C. Semi-Annually
- D. Annually – 10% Discount
- E. Cash, Check, or Debit cards accepted

## MEMBER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Allergies: \_\_\_\_\_

\* Prices and regulations subject to change without notice at the discretion of management.

\*\* Limit of 3 prescriptions per month per individual.

\*\*\* One spouse is limited and on spouse is unlimited.

> If you elect to terminate membership, you may not rejoin within 6 months without a \$25.00 reinstatement fee.