



OVAL

# Eligibility file Specifications

VERSION 1.0

# Eligibility

Membership in the OvalCare Specialty Prescription Plan is available to individuals who are at least eighteen years of age and legal residents of the United States. Members must have a valid U.S. mailing address for prescription delivery, as we do not provide international shipping. If you are under 18, a parent or legal guardian must complete enrollment and assume full responsibility for the membership.

You must be capable of participating in telehealth consultations and providing accurate medical history information. You cannot be prohibited by law from receiving prescription medications and must agree to use our services only for legitimate medical purposes under licensed healthcare provider supervision. You must not have conditions that would prevent safe participation in our program.

You must maintain a valid payment method, either a credit card or bank account, with sufficient funds to cover membership fees and medication costs. All previous OvalCare accounts must be current and in good standing before new enrollment can be approved. You are responsible for keeping payment information current and ensuring adequate funds for authorized charges. You must provide complete, accurate, and truthful information during enrollment and throughout your membership, including personal details, medical history, current medications, and contact information. You must maintain current email and phone contact information to receive important program communications, service updates, and delivery coordination. Failure to maintain current contact information may result in service disruption.

OvalCare may verify your continued eligibility at any time, and you agree to cooperate with verification requests. You must notify us within 30 days of any changes that might affect your eligibility, such as moving outside the United States, legal restrictions on medication access, or inability to maintain payment methods. Changes in eligibility may result in membership modification or termination.

Enrollment is subject to approval based on eligibility verification and clinical assessment. We reserve the right to decline applications that don't meet requirements or present safety concerns. Enrollment approval does not guarantee approval for specific medications, which require individual clinical evaluation and valid prescriptions from licensed providers. This membership is for individual use only and cannot be shared, transferred, or assigned to others. Each person must complete their own enrollment and maintain their own account. Corporate or group memberships may be available under separate arrangements with specific procedures and agreements.

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Employee Name: \_\_\_\_\_

Contact Information:

Employee Signature: \_\_\_\_\_

 | [privacy@ovalcare.com](mailto:privacy@ovalcare.com)

Date: \_\_\_\_\_

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