



## **WELCOME TO MEDILINK RXCARE®!**

Thank you for choosing MediLink RxCare® to be your specialty pharmacy provider. Our dedicated pharmacy team is excited to work with you, your family, your physician/healthcare team and your insurance company to ensure that all your needs are met.

As a specialty pharmacy patient, you will have one-on-one direct contact with our pharmacists and nurses who will develop a program tailored to you, so you can understand and follow your course of therapy and prescription plan.

This packet will provide you with information on many important topics related to your care and treatment. It is important to read the packet thoroughly. Keep this packet readily available throughout your course of care and treatment. If you have any questions regarding the information in this packet, or regarding any of the forms or informational documents included in your admission packet, please feel free to call us at 609-956-1900 or toll free at 877-356-0808.

We take pride in the superior service that we provide to our patients. We have a caring team of dependable and responsible professionals. We will do our best to make sure your experience is a positive one.

You're in good hands at MediLink RxCare.

Sincerely,  
The MediLink RxCare Team

## **CONTACT INFORMATION**

### **Hours of Operation:**

- Monday - Friday - 8:30am to 5pm
- Saturday and Sunday - Closed
- MediLink RxCare will be closed on the following holidays:
  - New Year's Day
  - Memorial Day
  - Independence Day
  - Labor Day
  - Thanksgiving Day
  - Christmas Day

### **Contact Information:**

- Telephone: (609) 956-1900
- Toll Free Number (877) 356-0808
- Fax: (609) 521-4001
- Email: [info@medilinkrxcare.com](mailto:info@medilinkrxcare.com)
- In Person: 44 S. White Horse Pike Hammonton, NJ 08037
- [www.medilinkrxcare.com](http://www.medilinkrxcare.com)

### **24/7 Support**

- Clinically trained personnel are available 24 hours a day, 7 days a week including holidays and weekends.
- Our after-hours clinicians are available to assist you with urgent clinical questions.
- Support is available with a phone call and with our app

### **When to Contact Us:**

- When you need to place an order
- When you need to fill a prescription, including refills
- You have questions or concerns about your medication and/or status of medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery

## **SERVICES PROVIDED PHARMACY SERVICES AND PATIENT MANAGEMENT PROGRAM (PMP)**

As a specialty pharmacy patient, you will have one-on-one direct contact with our pharmacists who will develop a program tailored to you, so you can understand and follow your prescription guidelines.

Our services are designed to help you achieve the most benefit from your therapy including:

- Training, Education and Counseling
- Comprehensive Medication Review
- Plan of Care
- Copay, Patient Assistance, and other Financial Assistance Programs
- Free Medication Delivery
- Refill Reminders
- 24/7 Access to Clinically Trained Personnel

### **PATIENT MANAGEMENT PROGRAM**

Specialty pharmacy patients are automatically enrolled in our therapy-specific patient management program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use. This program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to our Pharmacist on duty.

The patient management program provides benefits such as managing side effects, increasing compliance with drug therapies and overall improvement of health when you are willing to follow your treatment plan.

Please review our Notice of Privacy Practices on our website, [www.medilinkrxcare.com/privacy-policy](http://www.medilinkrxcare.com/privacy-policy).

### **As a patient of MediLink RxCare, you have the RIGHT to:**

- Be informed of any copays or deductibles expected from third parties and any charges for which you will be responsible
- Be able to identify visiting personnel members, such as drivers, through proper identification
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation, or disenroll, at any point in time
- Choose a healthcare provider, including an attending physician (or other licensed practitioner with prescribing authority), if applicable

**As a patient of MediLink RxCare you have the RESPONSIBILITY to:**

- Notify the organization of any concerns about the care or services provided.
- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and any changes
- Notify the treating provider of participation in the services provided by the organization
- To submit any forms that are necessary to participate in the program to the extent required by law.
- Provide a copy of an advance directive, if one exists.
- Agree company rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
- Agree to promptly report any malfunctions or defects in company rental equipment so that repair/ replacement can be arranged.
- Agree to provide access to all company rental equipment for repair/ replacement, maintenance, and/or pick-up of the equipment.
- Agree to use the company equipment for the purposes so indicated and in compliance with the physician's prescriptions.
- Agree to keep the company equipment in their possession and at the address, to which it was delivered unless otherwise authorized.
- Agree to notify company of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
- Agree to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to company for any services furnished by the company.
- Agree to accept all financial responsibility for home medical equipment furnished.
- Agree to pay company for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
- Agree not to modify the rental equipment without the prior consent from the company.
- Agree any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
- Agree title to the rental equipment and all parts shall remain with the company at all times unless equipment is purchased and paid full in full.
- Agree the company shall not insure or be responsible to the client for any personal injury damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.
- Agree the company retains the right to refuse delivery of service to any client at any time.
- Agree any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

- **ADDITIONAL INFORMATION REGARDING YOUR MEDICATION, CONDITION/DIAGNOSIS AND COMMUNITY AND FINANCIAL RESOURCES CAN BE FOUND ON THE FOLLOWING WEBSITES**

Hepatitis	<a href="http://www.liverfoundation.org">http://www.liverfoundation.org</a> <a href="http://www.hepatitis-central.com">http://www.hepatitis-central.com</a> <a href="http://www.hepb.org/resources/printable_information.htm">http://www.hepb.org/resources/printable_information.htm</a>
HIV	<a href="https://www.hiv.gov">https://www.hiv.gov</a> <a href="https://www.cdc.gov/hiv/basics/livingwithhiv/resources">https://www.cdc.gov/hiv/basics/livingwithhiv/resources</a>
Immunodeficiency	<a href="https://www.primaryimmune.org">https://www.primaryimmune.org</a>
Lupus	<a href="https://www.lupus.org/">https://www.lupus.org/</a> <a href="https://www.cdc.gov/lupus/index.htm">https://www.cdc.gov/lupus/index.htm</a>
Multiple Sclerosis	<a href="https://www.nationalmssociety.org/">https://www.nationalmssociety.org/</a>
Rheumatoid Arthritis	<a href="https://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html">https://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html</a>
Alzheimer's	<a href="https://www.alzfdn.org">https://www.alzfdn.org</a>

## **NURSING**

If the company is providing nursing services for home care visits, then our nurses will be making intermittent visits at a frequency tailored to the patient's medical needs and the ordered therapy.

## **EMERGENCY/DISASTER PREPAREDNESS PLAN**

MediLink RxCare has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
  - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or FedEx next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

Call 911 or go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

If you are receiving an infusion at MediLink RxCare premises and an emergency occurs, the following plan will be followed:

- In case of a fire, you will be escorted by MediLink RxCare personnel to our designated meeting place outside of our building until emergency personnel arrive. Your infusion may need to be stopped depending on the fire situation. MediLink clinical personnel will determine if your infusion can be continued that same day in a same location, or if new orders will have to be obtained to continue the infusion on another day. If that is the case, your infusion will be rescheduled to continue on another day at a safe location.
- In case of other disaster, MediLink RxCare personnel will escort you to safety and contact emergency personnel. Your infusion may need to be stopped depending on the disaster situation. MediLink clinical personnel will determine if your infusion can be continued that same day in a same location, or if new orders will have to be obtained to continue the infusion on another day. If that is the case, your infusion will be rescheduled to continue on another day at a safe location.

### **HOME DELIVERY**

For your convenience, MediLink RxCare will deliver your supplies and medications directly to your home. We will contact you when you are due for your medication refill to discuss your supply needs, check your medication usage and refill needs, and arrange with you the best time for delivery. Also, at this time, we will confirm someone will be home to receive the delivery. If a dose is accidentally misplaced, or you have missed a dose for any reason, please let the pharmacist know.

### **EQUIPMENT**

If you are receiving therapy through an infusion pump and are being provided an infusion pump for home use, you or your caregiver will be trained on the safe and effective use of the infusion pump. Pumps are expensive electronic equipment and are typically rented to you or your insurance company for the duration of your therapy. Pumps are delicate and fragile; please always be careful when handling the pump and do not drop the pump or submerge the pump in water. If the pump appears damaged or is not operating properly, please call us and we will replace it. We may need to exchange your current pump during your therapy to complete required periodic testing and preventative maintenance. At the end of therapy, it is your responsibility to return the pump to MediLink RxCare in proper working order.

### **REIMBURSEMENT**

A reimbursement specialist will be available to assist you with financial concerns and answer any questions you might have regarding your charges, co-pays, payment terms or other personal financial responsibilities related to your infusion therapy.

### **FINANCIAL INFORMATION**

- Before your care begins, a staff member will inform you of your out-of-pocket costs such as deductibles, copays and coinsurance.
- We will submit prescriptions to your health insurance carrier and, if your claim needs a prior authorization, we will work together with your physician's office to submit the requested information
- We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
- You have the right to be informed of changes in your payment information as soon as possible, but no later than 30 days after we become aware of the change.
- If you are eligible for Medicare or Medicaid, you have the right to be informed when

Medicare/Medicaid assignment is or is not accepted.

- Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.

## **PAYING FOR YOUR CARE**

While the Company is providing you with infusion therapy and/or nursing services, it is important that you concentrate on your recovery. That's why we want to be sure that you understand your financial responsibility and answer any questions you may have prior to the start of care. You will be required to sign the Consent to Receive Medical Treatment and the Furnishing of Products and Services and Financial Responsibility Agreements. This gives the Company the authority to complete the necessary paperwork and to bill your insurance company directly for your care. Other governmental, licensing or certifying agencies may also review this form. During your admission, visit or phone call with a company/staff member, you will be asked to provide insurance information, which can be found on your insurance card.

- Complete insurance identification numbers
- Name and address of all insurance policies for you and your spouse
- Names of the policyholders

Most insurance plans and government programs allow for direct billing by MediLink. If direct billing is not allowed, you will be responsible for the charges and will be billed directly by the Company. You can check with your insurance company to determine if payment may be made to MediLink directly or if you must pay MediLink first and then be reimbursed.

For charges that are not covered by insurance and for which you are responsible, you may pay by check, money order, or credit card.

If you anticipate having difficulty paying the charges for which you are responsible, let us know. MediLink will work with you to develop a payment plan based on your ability to pay. If you have no resources, we can advise you how to apply for medical assistance.

If you have any questions about MediLink's bill, please ask to speak to a Patient Financial Services representative who will be happy to assist you.

## **YOUR DOCTOR'S RESPONSIBILITIES**

Your doctor's signature is legally required on the Plan of Treatment and all prescriptions in order for home infusion therapy services to be provided. The Plan of Treatment, which includes specific medical orders, is sent to your doctor to sign and return to MediLink

## **MAKING DECISIONS ABOUT YOUR MEDICAL CARE**

Adults have the right to decide for themselves whether they want medical treatment. This right to decide - to say yes or no to a proposed treatment - applies to all treatments, even those needed to sustain life. Unfortunately, accident or illness can take away a person's ability to make health

care decisions. You should consider whether you want to take steps now to control these decisions, so that they will reflect your own wishes and values.

Advance Directive. One way that you can make health care decisions for the future, including decisions about treatments needed to sustain life, is to make an Advance Directive, which is also known as a Living Will or Health Care Instructions. This is a written document that tells what a person wants or does not want if he/she in the future cannot make his/her wish known about medical treatment.

Durable Power of Attorney for Healthcare. Another way to provide for future health care decisions is to make a Durable Power of Attorney for Healthcare, which is also known as Appointment of a Healthcare Agent. This is a written document that appoints a health care agent to make medical decisions for a person if in the future he/she cannot make his/her own medical decisions.

We encourage you to exercise your legal rights to healthcare decision-making. We will honor your wishes during the time that we are providing you with the care and offer support.

- Contact your attorney or a legal consultant to help you fully understand Advance Directives and to assist you in clarifying your health care wishes and decisions.
- If you already have an Advance Directive, we strongly suggest that a copy be kept with this information packet for accurate reference by all our clinicians in case of an emergency.

## **CANCELING VISITS**

When it's necessary to cancel an appointment, we *require* that you call MediLink RxCare to inform the supervisor or scheduler about the schedule change. Please give your name, address, and the name of the nurse, when calling about the cancellation.

## **EQUIPMENT WARRANTY INFORMATION**

The manufacturer's warranty applies to the equipment that is sold or rented by MediLink RxCare to you. MediLink RxCare does not provide any warranty. MediLink RxCare will notify all Medicare beneficiaries of the warranty coverage, and we will service all manufacturers' warranties as required under applicable law (See attached Medicare Equipment Warranty Information Form).

## **MONITORING YOUR THERAPY**

Your clinicians will educate you on how to monitor your progress during your course of therapy. Depending on the type of therapy you receive, you should be aware of certain signs of infection and side effects of medication. Make a note as to how you are feeling while you are receiving your therapy and if you feel any different sensations, such as: dizziness, nausea, burning, or other unusual sensations. Signs of infection may include:

- ***swelling, severe pain with redness at catheter insertion site, redness and/or drainage***
- ***temperature elevations/fevers***
- ***chills and/or fever when you start your intravenous therapy***

Other symptoms of which you should be aware, and which you should discuss with your clinicians, include

- ***nausea, vomiting, diarrhea***
- ***rash, itchiness***
- ***swelling of the face, throat***



- **headache, dizziness**
- **muscle aches and pains**
- **confusion, delirium**
- **blurry vision**

Self-monitoring may be required and includes:

- **measuring the amount of fluid that comes out daily**
- **weighing yourself daily**
- **taking your blood pressure**
- **counting your pulse for a minute**
- **counting your respirations for a minute**
- **using the Pain Scale in this packet to report your pain level**
- **discussing your wound**

Please record this information and keep it so when the clinician asks you questions, you have the information. The clinician will discuss the information with your physician and care team.

## INFECTION CONTROL

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.

- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

### **SOILED LINENS**

Sheets, towels, washcloths, pajamas or other clothing which become soiled with blood, urine or feces should be washed separately in hot soapy water. If hand-washing small items, always wear gloves when handling. Use a plastic bag for laundry collection.

### **DISPOSAL OF BIOHAZARDOUS MATERIALS**

Before putting soiled bandages, gloves and other disposable items into public trash areas, wet the items with bleach or Lysol place them in two plastic bags tightly sealed with tape or ties.

**WASH YOUR HANDS THOROUGHLY AFTER CONTACT WITH WASTE** with an anti-bacterial soap.

## **HOME SAFETY GUIDELINES**

These guidelines are offered to help protect you and others from existing or possible hazards in your home. We ask that you and your family use these guidelines to assess your emergency response plan and general safety of your home.

### **SAFETY WHEN OXYGEN IS IN USE**

- Do NOT smoke when you are using oxygen.
- Place NO SMOKING signs, provided by the oxygen company, on all entrances to your home.
- Do not use more than 50 feet of tubing between the oxygen source and the patient.
- Roll the tubing and carry it to avoid tripping when walking.
- Do not place oxygen source within one and one-half feet of windows, doors or furniture.
- Use a humidifier in winter to add moisture to dry air in your home.
- Do not have open flames, such as pilot lights of gas stoves or water heaters within 10 feet of oxygen equipment and tubing.
- Do not use nylon, wool or synthetic materials for clothing or bedding. Cotton is the preferred material.
- Keep flammable materials away from the oxygen, especially grease, solvents, creams, lotions, petroleum products, aerosol containers and alcohol of any kind.
- Do not use electrical equipment with oxygen, such as hair dryers or electric shavers.
- Do not use an appliance such as a heating pad.
- Place the telephone number of the electric company on or at every telephone.
- If you lose power, switch to back-up oxygen source, then call the emergency number for your durable medical equipment company.

### **SAFETY WHILE USING PORTABLE OXYGEN**

Portable oxygen cylinders are provided for back-up to your oxygen concentrator and for oxygen use away from your home. Cylinders are pressurized and care should be used when operating, storing and transporting them. Do not transport them in a trunk of a car because it is an un-vented area. Cylinders are delivered with a regulator attached and in a cart or stand. It is important to use the oxygen dosage as prescribed by your doctor or nurse.

### **FALL PREVENTION AND ENVIRONMENTAL SAFETY**

- Maintain clear passageways in every room of your home and on all steps
- Avoid the use of throw rugs because they may cause you to fall.
- Keep your home well-lit to enhance your safety as you move around the house.
- Make sure stair handrails are in place and tightly secured to walls or steps.
- Secure electrical cords. Make sure they are not loose and in an area that could cause you to trip.
- Be aware that if you are taking more than one medication, your risk of falling increases.
- Use exterior lights at night. Burglars are least likely to enter your home when outside lights are on.
- Maintain a night light in your bedroom, bathroom and hallway.
- Install non-skid treads on stairs and in the bathroom, put non-slip strips in the shower and tub.
- Repair any holes in carpeting and be sure to fix any flooring that is warped or buckled.

### **ELECTRICAL SAFETY**

- Cover unused electrical outlets to prevent children from inserting objects into the outlets.
- Check electrical cords for worn spots. Do not use cords that are frayed or have exposed wires. Be sure to check the junction between the cord and plug.

- Ground all three-pronged plug adapters.
- Check heating pads for cracks prior to use. Do not use if cracks are present.
- Unplug electrical appliances when not in use.
- Do not overload extension cords or multiple plug outlets.
- Ensure you have back-up batteries in place.

In the event of power outage, please call your local power company emergency number. If you use an infusion pump, please make certain you have at least four (4) back-up batteries available. MediLink will provide you with back-up batteries for home use.

### **BATHROOM SAFETY**

- Use a bath mat, tub bench, or other non-skid material in your bathtub to avoid falls.
- Do not use throw rugs in the bathroom.
- Install grab bars if necessary to increase safety while moving about in the bathroom.
- Install a toilet extension seat to raise the seat.
- Switch to hand-held shower head.
- Replace bar soap with easier-to-handle liquid soap in a plastic bottle.
- Do not use electrical appliances near the sink, bathtub or shower stall in the bathroom.
- Make certain you bring a phone in the bathroom with you, if possible in case you fall.

### **KITCHEN SAFETY**

- Set utensils, foods and other needed items at a convenient height.
- Install grab bars on the walls if necessary to increase safety while moving about in the kitchen.
- Choose a convenient height for mounting foils, wraps and paper towels on the wall.
- Develop a safe system for storing heavy pots (for example, at waist height)

### **FIRE AND EMERGENCY RESPONSE**

- Call 911 for fire, ambulance and police.
- Plan how you will get out of your home if a fire starts.
- Practice your fire escape plan once a month.
- Consider possibilities of fire in various parts of your home.
- Plan a meeting place outside the home in the event of fire.
- Place smoke detectors on every floor near all bedrooms.
- Change smoke detector batteries in the fall and spring (when you change your clocks.)
- Check smoke detector batteries once a month.
- Do not smoke in bed or when sleepy.
- Do not leave candles burning at night.
- Keep a lid and baking soda near when cooking and keep handles of pots turned inward.
- Place the telephone number of your electric company on or at every telephone.
- Keep fire extinguishers in the home especially in high-risk areas such as the kitchen, bedroom and a workshop. Check monthly for expiration date and full charge.
- Keep things that can catch fire away from stoves and heaters.

### **MEDICATION SAFETY**

- Check labels on medication before taking any medication.
- Notify your pharmacist or nurse each time they visit of any new medications you are taking or dosages changed by your physician.
- Store all medications out of reach of children and pets.
- Secure all caps on medication bottles.
- Do not mix medications in the same container.

- Store syringes in a closed cabinet, and do not talk about the fact that you have syringes in your home.
- Never expose medication to sunlight. This precaution applies to injectable medications as well as those taken by mouth.
- Store medications at the proper temperature.
- Promptly report any changes in the medication's appearance (ex: size, color, smell) to the nurse, physician or pharmacist at your pharmacy.
- Keep the telephone number of the poison control center with other emergency numbers near or on your telephone.
- Poison Control Centers: **1-800-222-1222**

### **REFRIGERATED MEDICINES**

- Temperature must be maintained so as not freeze the medications.
- Clear the refrigerator so medication is separate from food.
- If multiple drugs are in one refrigerator, dish pans could be used to keep them separate and clean plastic zip lock bags.
- Make sure that the light is working in the refrigerator.
- Take medication out of the refrigerator one hour prior to use to prevent chills.

### **PROPER DISPOSAL OF MEDICATIONS**

Take unused, unneeded, or expired prescription drugs out of their original containers and dispose of accordingly.

Mixing prescription drugs, that are non-hazardous, with an undesirable substance, such as used coffee grounds or kitty litter and putting them in impermeable, non-descript containers, such as empty cans or sealable bags; will further ensure the drugs are not diverted.

Flush prescription drugs down the toilet **ONLY** if the label or accompanying patient information specifically instructs doing so. Currently the FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

<https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

*Note: Patients should always refer to printed material accompanying their medication for specific instructions. Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid - waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused drugs. Contact your municipal waste center or recycling center in your town for information on this type of program.*

### **HAZARDOUS DRUGS AND MATERIALS**

Patients who are receiving hazardous drugs such as chemotherapy or ganciclovir (Cytovene) must take appropriate precautions when handling these drugs. The clinical team will send you a Chemo Spill Kit for your home and a puncture-proof bio-hazardous mail back container. All used needles, drug containers, needleless system devices and used tubing needs to be disposed of in this container. Your nurse will demonstrate these procedures and provide additional information.

For hazardous drugs please use the mail back system box to dispose of your puncture-proof mail back container whenever it is three-quarters full. Contact the office to replace with a new sharps mail back container when your current container is three-quarters full.

## **NEEDLES AND SYRINGES**

Needles, injection devices, and anything attached to them, must be disposed of in a hard, puncture-proof bio-hazardous sharps container. Your nurse will demonstrate these procedures and provide additional information.

For needles and syringes please use the mail back system box to dispose of your puncture-proof bio-hazardous mail back container whenever it is three-quarters full. Contact the office to replace with a new sharps mail back container when your current container is three-quarters full.

Your puncture-proof bio-hazardous mail back container comes in a cardboard box, with postage and instructions of how to seal the sharps container, place back in the cardboard box and mail back to the disposal company via the US Postal Service. Please do not throw away the cardboard box and postage as each container is numbered and tracked for return.

## **NEEDLELESS SYSTEM**

We have adopted needle-less technology to protect our patients, caregivers and employees from potential needle-sticks. There are a number of approved products on the market designed to protect caregivers while providing care and we have selected the most suitable products for our staff and patients.

## **STORAGE OF SUPPLIES**

Keep all patient care supplies in a clean, dry place. Never place these items on the floor. Keep children and pets away from storage as well as disposal areas. Medications requiring refrigeration must be stored at the proper temperature in the refrigerator. We will routinely contact you to update your home inventory of drugs and IV supplies.

## **MEDICATION ISSUES AND CONCERNS**

- Information shared with our pharmacy will always remain private and confidential
- Please contact MediLink as soon as possible to report suspected medication issues including (but not limited to): counterfeit medication, errors, adverse drug events, etc.
- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact:
- MediLink RxCare Pharmacist in Charge, (609) 956-1900 or (877) 356-0808.
- ACHC
  - Website: <http://achc.org/contact/complaint-policy-process>
  - Telephone: (855) 937-2242 or (919) 785-1214 (request Complaints Dept.)
- New Jersey Board of Pharmacy
  - Website: <https://www.njconsumeraffairs.gov/phar>
  - Telephone (973) 504-6200 or 800-242-5846

## **PROTOCOL FOR RESOLVING COMPLAINTS FROM MEDICARE BENEFICIARIES:**

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented on the Customer Complaint Form or *Medicare Beneficiaries Complaint Log*, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. Within five (5) calendar days of receiving a beneficiary's complaint, we shall notify the beneficiary, using either oral, telephone, e-mail, fax, or letter format, that we have received the complaint and that it is investigating. Within 14 days, we shall provide written notification to the beneficiary of the results of our investigation and response. We shall maintain documentation of all complaints that we receive copies, of the investigations, and responses to beneficiaries.

If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of MediLink

You also have the right to make a complaint to the state agency responsible for patient complaints in the state in which you live.

You may contact the Pharmacist in Charge of MediLink RxCare at (609) 956-1900 or (877) 356-0808 to report any complaints.

## INFORMATION REGARDING PRIVACY OF INFORMATION

### MediLink RxCare® and its Affiliates

#### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

MediLink RxCare® ("MediLink" or the "Company") is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to provide you with this Notice of Privacy Practices (the "Notice"), which is intended to help you understand the privacy protections that apply to information concerning you and your health ("Personal Information"). The company is dedicated to maintaining the privacy of Personal Information in compliance with the requirements of HIPAA and all other applicable federal and state laws.

#### ***Special Note Regarding Individual State Law***

In cases where individual State law is more restrictive than federal law, we are required to follow the more restrictive state law. Under more restrictive State laws, your prior authorization may be required for the use or disclosure of Personal Information that includes information relating to any of the following : (a) infection with or exposure to HIV, or the results of HIV tests, except if you are an injured worker claiming to be infected with or exposed to HIV due to a work -related incident; (b) mental health, or (c) diagnosis and treatment for substance abuse.

#### ***Permitted Uses and Disclosures of Personal Information***

The company is generally permitted under HIPAA to use and disclose Personal Information without your authorization for purposes of treatment, payment, and our health care operations. However, your prior authorization may be required under other more stringent laws if Personal Information includes information relating to any of the following: (a) infection with or exposure to HIV, or the results of HIV tests, except if you are an injured worker claiming to be infected with or exposed to HIV due to a work-related incident; (b) mental health, or (c) diagnosis and treatment for substance abuse. The following are examples of how personal Information may be used for treatment, payment and health care operations:

**Treatment:** Personal Information will be used and disclosed to coordinate, provide and manage the medical care and services that are provided to you by the company, or by another licensed health care practitioner or facility, such as your treating physician. Unless you inform us that you object, we also may disclose your Personal Information to others who may be assisting in your care, such as your spouse, children or parents. We also may use or disclose Personal Information when we contact you regarding appointments, or information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we will get a written authorization from you prior to using your Personal Information for generalized marketing purposes.

**Payment:** Personal Information will be used and disclosed to obtain payment for the medical care and services that the company provides to you. This may include communicating with your health insurance plan to confirm your eligibility, or obtain approval of or payment for



medical care and services, reviewing the services that were provided to you for medical necessity, and undertaking quality assurance and utilization review activities.

**Health Care Operations:** Personal Information will be used and disclosed in order to support the health care operations of the company. These activities include, but are not limited to, licensing and certification reviews, compliance activities, quality assurance activities, employee training and review, and other similar business activities. These activities also may include disclosures of Personal Information with other "business associates" that perform various activities (e.g. billing, transcription services) on behalf of the company. All business associates will be required to sign a written agreement with the company that requires the business associate to protect the privacy of your Personal Information.

### ***Other Uses and Disclosures of Personal Information***

In addition to the use and disclosure of Personal Information for purposes of treatment, payment, and health care operations, other uses and disclosures of Personal Information also may be permitted or required without your authorization. These include, but are not necessarily limited to each of the following:

**Emergencies:** The disclosure of Personal Information in a medical emergency. If this happens, you will be allowed to object to future disclosures as soon as reasonably practicable after the delivery of emergency medical care.

**Required by Law:** The disclosure of Personal Information in order to comply with federal or state laws, the orders of a court, or the orders of a governmental agency.

**Public Health:** The disclosure of Personal Information to public health authorities for preventing or controlling disease, or reporting vital information (for example, reporting abuse, fire-arm injuries, certain sexually transmitted diseases, deaths, etc.)

**Government Regulation:** The disclosure of Personal Information to a governmental agency having responsibility for oversight of health care activities as authorized by law (for example, to the Secretary of the United States Department of Health and Human Services as required under HIPAA, or to state regulators as part of the regular inspection of our pharmacy facilities to ensure compliance with state law s).

**Legal Proceedings:** The disclosure of Personal Information to courts, parties to a lawsuit, or government agencies as may be required during the course of a judicial or administrative proceeding (for example in response to a subpoena).

**Law Enforcement:** The disclosure of Personal Information to law enforcement officials relating to crimes and other law enforcement purposes.

**Research:** The disclosure of Personal Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Personal Information.

**Threats to Health or Safety:** The disclosure of Personal Information to others, consistent with law, to prevent a serious threat to personal health or safety (for example, in the course of an investigation of a physician's license).

*Specialized Government Functions:* The disclosure of Personal Information to military command authorities, veterans' administration, and national security and intelligence officials for activities deemed necessary to carry out their respective missions, or to law enforcement officials having custody of an inmate.

*Workers Compensation:* The disclosure of Personal Information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or similar programs established by law.

### ***When Your Authorization is Required***

Uses and disclosures of Personal Information other than the uses and disclosures that are generally described above, will be made only with your written authorization, which you may revoke according to the company's policies and as provided in the authorization form. For example, your Personal Information will not be used for marketing without your written authorization, unless the product or service is directly related to treatment, discussed face to face with you, or given as a promotional gift of nominal value.

### ***Your Rights Concerning Personal Information***

Although the records containing your Personal Information are the property of the company or the healthcare practitioner or facility that compiled it, you have certain rights relating to your Personal Information, which is explained below.

*Restrictions on Disclosures of Personal Information:* You have the right to request that we place restrictions on certain uses and disclosures of your Personal Information, although we are not required to agree to your request.

*Confidential Communications:* You have the right to request that we send your Personal Information to an alternate address or by alternate means. Although we are not required to agree to your request, we will accommodate reasonable requests. You do not need to give a reason for your request.

*Access to Personal Information :* You and your personal representative have the right to inspect and copy your Personal Information. However, in cases where state law is more restrictive than federal law, we are required to follow the more restrictive state law.

*Amendment of Personal Information:* You have the right to request amendments to your Personal Information, although we are not required to make the requested amendments. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

*Accounting of Disclosures of Personal Information:* You have the right to obtain an accounting of disclosures of your Personal Information for purposes other than treatment, payment or health care operations, disclosures to you or authorized by you, incidental disclosures and certain other excluded disclosures. Your request must be in writing. The accounting provided to you will be limited to the covered disclosures that occurred after April 14, 2003, up to a six-year timeframe. The right to receive this information is subjective to certain exceptions, restrictions and limitations.

**Notice of Privacy Practices:** You have the right to request a paper copy of this Notice, even if you have already agreed to receive an electronic copy.

**Complaints:** If you believe your privacy rights have been violated, you have the right to register a complaint with the company or the Secretary of the U.S. Department of Health and Human Services. The company will not retaliate against any individual for filing a complaint. You may file a complaint by writing to us at the address located at the end of this Notice.

### ***How to Exercise Your Rights***

Write to us at the address located at the end of this Notice with your specific written request and be sure to include sufficient information for us to identify all of your records. The company will consider your request and provide you a response within a reasonable timeframe. Should we deny your request, you may have the right in some circumstances to ask for the denial to be reviewed by another healthcare professional designated by the company. For additional details, or for further instructions regarding how to exercise these rights, please contact us.

### ***Our Obligations Concerning Personal Information***

The company is required by law (a) to maintain the privacy of Personal Information (b) to provide individuals with notice of its legal duties and privacy practices with respect to Personal Information; and (c) to abide by the terms of this Notice as currently in effect. The company reserves the right to change the terms of this Notice, which will be effective for all Personal Information that it maintains, upon the provision of the revised Notice to all affected individuals.

### **Contact Person**

The name and address of the person you can contact for further information concerning our privacy practices is:

**Privacy Officer  
44 S. White Horse Pike  
Hammonton, NJ 08037  
Phone: (609) 956-1900  
Toll Free: 877-356-0808**

### **OBTAINING A COPY OF YOUR MEDICAL RECORD**

Company employees are responsible for maintaining the confidentiality of your medical records. It is your right to request a release of information from your medical records. The following are guidelines you may use to request the release of your medical records:

- Call the Company and ask for a Patient Authorization to Release Information Form. Forward the form, signed by the patient (or designee with power of attorney), or a Court Subpoena to the Pharmacy Manager or designee.

Or write a letter to the Pharmacy Manager or designee. Include the following information:

1. Your full name at time of treatment
2. Date of birth
3. Date of treatment

4. Name and address of the person or facility to which disclosure is to be provided.
5. The specific kind and amount of information to be disclosed, such as laboratory results or clinical notes on your chart.
6. The purpose of the request, for example "continuing care" or "insurance."
7. Your signature and date

## **PATIENT SATISFACTION SURVEY**

When you are admitted to service, a patient satisfaction survey is sent to you about a month after you start services with MediLink RxCare. We would appreciate you completing the survey within 30 days of receiving it and send it back in the self-addressed stamped envelope provided to let us know how we are doing. Your satisfaction is important to us. Additionally we will send you a satisfaction survey annually or our Director of Nursing may call you on the phone to assess your level of satisfaction.

## ***MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) SUPPLIER STANDARDS***

The products and/or services provided to you by MediLink RxCare are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request, we will furnish you a written copy of the standards.

# TUBERCULOSIS: GET THE FACTS!

disease for your immune system to produce a response to the test. If you have a negative result and it has been less than 8 weeks since you were last exposed to TB disease, you may need to get a second test. Your health care worker will let you know if you need another test.

## What if my test is positive?

A positive test usually means that you have been infected with the TB germs. It does not mean that you have TB disease. Other tests, such as a chest x-ray or sputum (phlegm) sample, are needed to see if you have TB disease.

## What if I had the BCG vaccine?

BCG is a vaccine for TB. This vaccine is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common. The BCG vaccine is not very good at protecting adults against TB. You can still get TB infection or TB disease even if you were vaccinated with BCG. You will need a TB test to see if you have latent TB infection or TB disease.

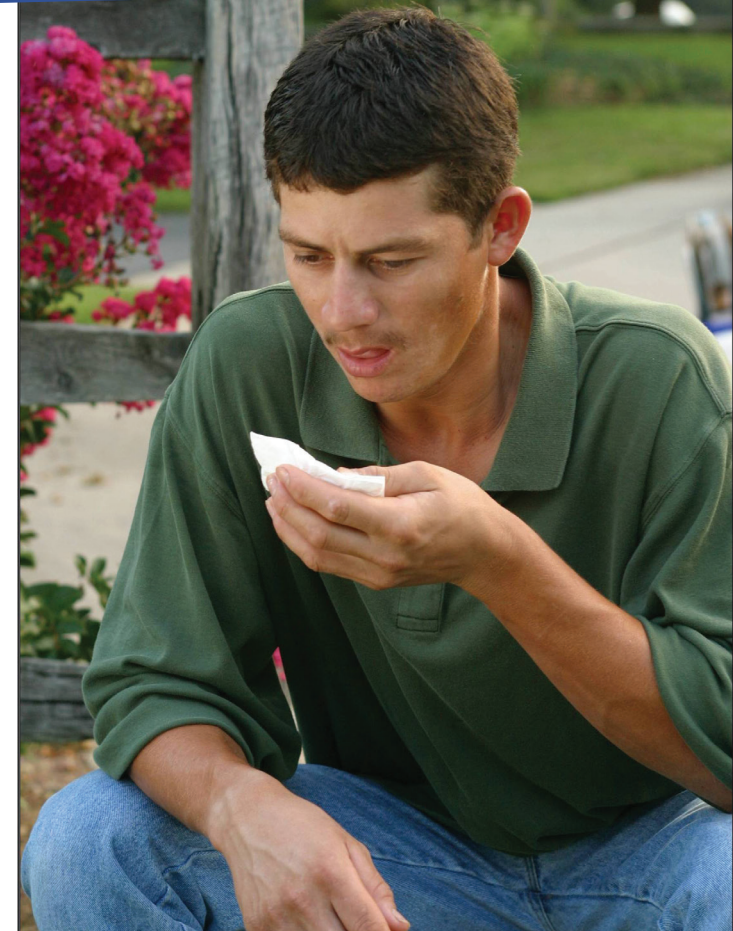
In some people, BCG may cause a positive skin test even if they are not infected with the TB germs. Unlike the TB skin test, TB blood tests are not affected by BCG. The TB blood tests are less likely to give a false-positive result in people who have received BCG.

## What should I do if I have latent TB infection or TB disease?

Get the required follow-up tests. Follow your doctor's advice and take the medicine as prescribed. Both latent TB infection and TB disease can be treated with medication.

For further information on TB, contact your local health department:  
[www.cdc.gov/tb/links/tboffices.htm](http://www.cdc.gov/tb/links/tboffices.htm).

Or visit: CDC Division of Tuberculosis Elimination website at  
[www.cdc.gov/tb](http://www.cdc.gov/tb).



# TUBERCULOSIS: GET THE FACTS!

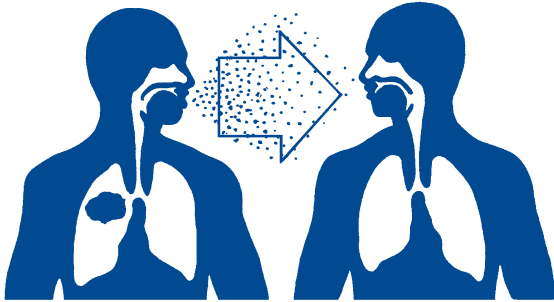


### **What is tuberculosis?**

Tuberculosis (TB) is a disease that usually affects the lungs. TB sometimes affects other parts of the body, such as the brain, the kidneys, or the spine. TB disease can cause death if it is not treated.

### **How is TB spread?**

TB germs are spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, laughs, or sings. People nearby may breathe in the TB germs and become infected. TB is NOT spread by sharing silverware or cups, or sharing saliva when kissing someone.



### **What is the difference between latent TB infection and TB disease?**

#### **Latent TB infection**

Not everyone infected with TB germs gets sick. People who are infected, but are not sick, have what is called latent TB infection. People with latent TB infection have TB germs in their

body, but they are not sick because the germs lie dormant (sleeping) in their body.

People with latent TB infection do not have symptoms and cannot spread the germs to others. However, these people may develop TB disease in the future. To prevent developing TB disease, people with latent TB infection can take medicine.

#### **TB disease**

People with TB disease are **sick** from the large number of TB germs that are active in their body. They usually have one or more of the symptoms of TB disease. People with TB disease often feel weak or sick, lose weight, have fever, and have night sweats. If TB disease is in their lungs, they may also cough and have chest pain, and they might cough up blood. Other symptoms depend on what part of the body is affected by the TB germs.

People with TB disease may spread TB germs to others. TB disease needs to be treated with medicine. If NOT treated, a person with TB disease can have serious health problems and die.

#### **Who is more likely to develop TB disease?**

Once a person has TB infection, he or she has a higher chance of developing TB disease if the person

- Has HIV infection;
- Is younger than 5 years old;
- Was infected with TB germs within the last 2 years;
- Has other health problems, like diabetes, that

- make it hard for the body to fight germs;
- Abuses alcohol or drugs; or
- Was not treated correctly for TB disease in the past.

#### **How can I tell if I have TB?**

Get a TB skin test or TB blood test. If you have a positive result to either of the tests, you will be given other tests to see if you have latent TB infection or TB disease.

#### **Where can I get a TB test?**

You can get a TB skin test or blood test from your doctor or the local health department.

#### **How are the TB tests given?**

For a TB skin test, a health care worker uses a small needle to put some fluid, called tuberculin, just under your skin. This is usually done on the lower inside part of your arm. After you get the test, you must return in 2 to 3 days to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured to determine if you have a positive result.

If you receive the blood test, a sample of your blood will be taken to do the test. Your health care worker will tell you how to get the results of your test.

#### **What if my test is negative?**

A negative test usually means you are not infected with TB germs. However, the test may be falsely negative if your immune system is not working properly or if you were infected recently. This is because it usually takes 2 to 8 weeks after exposure to a person with TB

## **Acknowledgment**

I acknowledge that I have received this Specialty Patient Welcome Packet, which includes my patient rights and responsibilities, information on the Patient Management Program, consent to bill my insurance, emergency preparedness plan, financial information, Advanced Directive notification, Medicare DMEPOS supplier standards and Medicare billing, and Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## MEDICARE DMEPOS SUPPLIER STANDARDS

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

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### *TERMS AND CONDITIONS OF RENTAL*

1. SUPPLIER will maintain and service the rented equipment described on the reverse side (Equipment) if the customer give SUPPLIER reasonable advance notice that the same is required.
2. A special charge may be assessed for service, pick-ups or deliveries requested by the customer at times other than SUPPLIER normal working hours.
3. The monthly rental fee for all Equipment rented hereunder will be set forth on the invoice mailed to you monthly. Payment is due upon receipt of the invoice.
4. This is a month-to-month rental. The Customer may terminate this rental by returning such Equipment or by giving notice, from the physician, if prescribed, to SUPPLIER that rental Equipment is no longer needed.
5. The Customer shall indemnify and hold harmless SUPPLIER from and against any and all liability, loss, damage, expense (including legal expense), causes of action, suits, claims or judgments arising from injury or death of persons or damage to property, of any nature whatsoever, resulting from the actual or alleged presence, use or operation of the Equipment, provided such injury, death or property damage is not attributable to the negligence of SUPPLIER.
6. SUPPLIER owns the Equipment. The Customer will not give or transfer possession of the Equipment to anyone else with the prior written approval of the Area Manager.
7. If the Equipment is lost or stolen or damaged, then for purpose of determining value, the value of the Equipment is the replacement value.
8. SUPPLIER may immediately repossess the Equipment upon Customer's failure to pay the rental fees in accordance with Paragraph 3.



## Form Instructions

### Medicare Prescription Drug Coverage and Your Rights Standardized Pharmacy Notice (CMS-10147)

Each Medicare Part D plan sponsor must arrange with its network pharmacies, including mail order and specialty pharmacies, for the distribution of this notice to Part D enrollees when a prescription cannot be covered (“filled”) under the Medicare Part D benefit at the point of sale (POS). The notice must be provided to the enrollee if the pharmacy receives a transaction response (rejected or paid) indicating the claim is not covered by Part D. See Chapter 18, *Notification by Network Pharmacists*, of the Prescription Drug Benefit Manual for the complete list of rejected claim scenarios where delivery of this notice is not required. The notice instructs enrollees about their right to contact their Part D plan to request a coverage determination, including an exception. This notice fulfills the requirements at 42 CFR § 423.562(a)(3) and § 423.128(b)(7)(iii).

This is a standardized notice, the content of which may not be altered. The notice must be provided in 12 point font. The OMB control number must be displayed in the lower right corner of the notice. The fields for the enrollee’s name and the drug and prescription number are optional and may be populated by the pharmacy.

#### Heading

Logo not required. Pharmacies may place their logo in the space above the optional fields for the enrollee’s name and the drug and prescription number.

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to complete this information collection is estimated to average one (1) minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

A. Notifier:

B. Patient Name:

C. Identification Number:

## Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**G. OPTIONS: Check only one box. We cannot choose a box for you.**

- OPTION 1.** I want the D. \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- OPTION 3.** I don't want the D. \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

**H. Additional Information:**

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

<b>I. Signature:</b>	<b>J. Date:</b>
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**You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

## **MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS**

You **have the right to get a written explanation** from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You **also have the right to ask** your Medicare drug plan **for an exception** if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;" or
- You believe you should get a drug you need at a lower cost-sharing amount.

### **What you need to do:**

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
  1. The prescription drug(s) that you believe you need.
  2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
  3. The date you were told that the prescription drug(s) is not covered.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to distribute this information collection once it has been completed is one minute per response, including the time to select the preprinted form, and hand it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



*MediLink RxCare Hammonton, LLC  
44 South White Horse Pike  
Hammonton, NJ 08037*

## **EQUIPMENT WARRANTY INFORMATION FORM**

MediLink RxCare Hammonton, LLC honors all warranties expressed and implied under applicable State Law. MediLink RxCare Hammonton, LLC will notify all Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. MediLink RxCare Hammonton, LLC will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services covered under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I hereby acknowledge that I, \_\_\_\_\_ (*patient name*) received instruction and understand the warranty coverage on the product I received.

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Date

**Medicare Capped Rental and Inexpensive or Routinely  
Purchased Items Notification for  
Services on or after January 1, 2006**

I received instructions and understand that Medicare defines the \_\_\_\_\_  
that I received as being either a capped rental or an inexpensive or routinely purchased  
item.

\_\_\_\_\_ FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include:  
Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

\_\_\_\_\_ FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:  
Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.
- I select the:

Purchase Option \_\_\_\_\_

Rental Option \_\_\_\_\_

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

Patient Name \_\_\_\_\_

Patient ID: \_\_\_\_\_

## ADVANCE DIRECTIVES

**The Federal and State Laws regarding advance directives have been explained to me and I have received information about these laws.**

I DO / DO NOT have an advance directive/living will

I DO / DO NOT have a DNR (Do Not Resuscitate Directive).

I DO / DO NOT have a Power of Attorney for Health Care.

(Name of Agent/Relationship \_\_\_\_\_)

I DO / DO NOT have a copy to provide to MediLink.

I DO / DO NOT want additional information and a form for completing an advance directive.

I DO / DO NOT want to document the intent of my advance directive. (If yes, go to next part, or write in.)

If a copy is not available, the substance is:	Client Initials
Provide comfort care, but do not prolong life with a ventilator or resuscitation* if I have a terminal medical condition/am in an irreversible coma/or have a severely deteriorated physical condition. <b>*Physician order needed.</b>	
I want my life to be prolonged to the greatest extent possible, without regard to my condition or my chances for recovery.	

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