

# Patient Bill of Rights & Responsibilities

MaxorPlus recognizes that patients have inherent rights.

To ensure the finest care possible as a patient receiving our pharmacy benefit management services, you should understand your role, rights and responsibilities in your plan of care.

## **Patient Rights**

You have the right to:

- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- Be treated respectfully and with dignity by MaxorPlus personnel, network pharmacy personnel and other healthcare professionals who provide treatment or services for you and be free from neglect or abuse, be it physical or mental at all times
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI); PHI will only be shared with the Drug TherapyManagement Program in accordance with state and federal law
- Have your questions about your pharmacy benefit coverage answered
- Get understandable information about your pharmacy benefit to help you make health care decisions including: what is covered, how much you have to pay, formulary medications, limitations, prior authorization requirements, pharmacies in the network, mail order benefits, specialty medications, what to do to file a complaint (grievance) or appeal
- Easily obtain information regardless of any visual, hearing or physical disability
- Learn about your treatment choices in clear language that you can understand and participate in treatment decisions
- Get current information related to the Drug Therapy Management program
- Know about philosophy and characteristics of the patient Drug Therapy Management program
- Decline participation, revoke consent or dis-enroll from the Drug Therapy Management program at any point in time
- Identify the Drug Therapy Management program's staff members, including their name and their job title, and to speak with a supervisor of the staff member if requested
- Receive administrative information regarding changes in or termination of the Drug Therapy Management program
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- Request and receive data regarding treatment, services, or costs thereof, privately and with confidentially
- File a complaint or grievance about your drug plan, the service and or quality of care you receive from MaxorPlus, a network provider or other healthcare professionals
- Request a medication coverage determination
- Receive a decision about payment or coverage of a prescription drug and information about options available to you
- File an appeal (request a review) of certain decisions about payment or coverage of prescription drugs
- Receive an answer to your appeal and information about options available to you

### **Patient Responsibilities**

You have a responsibility to:

- Respect the rights of anyone providing you care or providing a service.
- Give accurate clinical and contact information to MaxorPlus and providers.
- Submit any forms necessary for you to participate in the Drug Therapy Management program to the extent required by law
- Notify your physician and/or pharmacist of any potential side effects, adverse reactions or changes in your health status that could affect your treatment
- Ask questions about your care, your pharmacy benefits and get clarification if you do not understand any part of your treatment plan
- Notify your treating provider of your participation in any Drug Therapy Management programs, if applicable.
- Participate in the development and updating of a plan of care

If you have questions, concerns or issues regarding your pharmacy benefit, please contact MaxorPlus.

### **Customer Service**

#### Phone # 806-324-5430 or 1-800-687-0707

Monday – Friday	7am – 9pm	CT (Central Time)
Saturday	8am – 6pm	CT (Central Time)
Sunday	9am – 5pm	CT (Central Time)

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