



Dear Patient or Caregiver,

Welcome to Maxor Specialty Pharmacy! We are excited about the opportunity to serve you for all of your pharmacy needs. Welcome materials and drug monographs are available in Spanish upon request. Materiales de bienvenida y monografías de drogas están disponibles en español bajo petición.

Our team members are available Monday-Friday 7am to 7pm central standard time. Our on call team consists of customer service and clinical representatives and are available after hours and on the weekends for urgent matters.

We look forward to serving you from one of our two **Infusion** Pharmacies:



**Amarillo:**

216 S. Polk Street  
Amarillo, TX 79101  
Phone: 800-657-7122  
Fax: 806-355-5288



**Lubbock:**

6101 43<sup>rd</sup> Street, Suite C  
Lubbock, TX 79407  
Phone: 800-658-6046  
Fax: 800-791-7851

Please note that Maxor Specialty Pharmacy may utilize another pharmacy within the Maxor network in order to process your order. We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing Maxor Specialty Pharmacy!

Sincerely,  
The Maxor Specialty Pharmacy Team

We put our patients at the center of all we do.

[www.maxorspecialty.com](http://www.maxorspecialty.com)

Improving  
outcomes  
every day

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Maxor Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and caregivers to achieve a fully integrated health care team.

### **You are our primary purpose.**

#### ✓ **Personalized patient care**

Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns.

#### ✓ **Collaboration with your Doctor**

We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment is addressed immediately with your physicians.

#### ✓ **Regular follow-up**

Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and can assist you with any problems.

#### ✓ **Benefits**

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.

#### ✓ **Delivery**

We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you approximately 1 week prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.

#### ✓ **24/7 Support**

Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. Contact us if you have any questions or concerns about your medication, 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, or to receive claims related information.

✓ **Financial Obligation and Financial Assistance**

Before your care begins, a staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual and lifetime co-insurance limits.

✓ **Insurance claims**

Staff will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue.

✓ **Co-payments**

We are required to collect all co-payments prior to shipment of your medication. Co-payments can be paid by credit card, electronic checking account debit over the phone and by check or money order through the mail.

✓ **Co-pay Assistance Referral Program**

We have access to financial assistance programs to help with co-payments to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.



The staff at Maxor Specialty Pharmacy understands that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company.

Our **Patient Management Program** is designed to provide you with the personal service necessary to help you achieve the most benefit from your therapy, and includes:

- Access to clinically-trained personnel 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Medication compliance monitoring
- Mailing medication to you at no charge
- Training, education and counseling
- Refill reminders
- myMaxorLink™ Notifications and Communication

Our specialty pharmacy staff monitors your medications and progress through a disease/condition specific **Patient Management Program**. This program is designed to provide benefits such as managing side effects, understanding your medications and overall assistance to you regarding your medications every step of the way. The plan is designed by you, your doctor, your nurse and your pharmacist.

This service is provided to you at no cost, and your participation is voluntary. You may opt out of our **Patient Management Program** at any time by contacting one of our team members.



## PATIENT RIGHTS & RESPONSIBILITY

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

### Patient Rights

1. To select those who provide you with pharmacy services
2. 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
3. To be treated with friendliness, courtesy and respect by each and every individual representing our pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
4. To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs
5. To 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
6. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
7. To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our pharmacy's policies, procedures and charges
8. To request and receive data regarding treatment, services, or costs
9. To be given information as it relates to the uses and disclosure of your plan of care
10. To have your plan of care remain private and confidential, except as required and permitted by law
11. To receive instructions on handling drug recall
12. To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
13. To receive information on how to access support from consumer advocates groups
14. To receive pharmacy health and safety information to include consumers rights and responsibilities
15. To know about philosophy and characteristics of the patient management program
16. To identify the program's staff members, including the program and their job title, and to speak with a supervisor of the staff member's supervisor if requested
17. To speak to a healthcare professional
18. To receive information about the patient management program
19. To receive administrative information regarding changes in or termination of the patient management program
20. To decline participation, revoke consent or dis-enroll at any point in time



21. To be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
22. To be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
23. To receive information about the scope of services that the organization will provide and specific limitations on those services
24. To participate in the development and periodic revision of the plan of care
25. To refuse care or treatment after the consequences of refusing care or treatment are fully presented
26. To be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
27. To have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
28. To be able to identify visiting personnel members through proper identification
29. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
30. To voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
31. To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
32. To be advised on agency's policies and procedures regarding the disclosure of clinical records
33. To choose a health care provider, including choosing an attending physician, if applicable
34. To receive appropriate care without discrimination in accordance with physician orders, if applicable
35. To be informed of any financial benefits when referred to an organization
36. To be fully informed of one's responsibilities
37. To receive information to assist in interactions with the organization
38. To receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary.

### Patient Responsibilities

1. To provide accurate and complete information regarding your past and present medical history
2. To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
3. To participate in the development and updating of a plan of care
4. To communicate whether you clearly comprehend the course of treatment and plan of care



5. To comply with the plan of care and clinical instructions
6. To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
7. To respect the rights of pharmacy personnel
8. To notify your Physician and the Pharmacy with any potential side effects and/or complications
9. To notify Maxor Specialty Pharmacy via telephone when medication supply is running low so refill maybe shipped to you promptly
10. To submit any forms that are necessary to participate in the program to the extent required by law
11. To give accurate clinical and contact information and to notify the patient management program of changes in this information
12. To notify their treating provider of their participation in the patient management program, if applicable
13. To maintain any equipment provided
14. To submit forms that are necessary to receive services
15. To notify the treating provider of participation in the services provided by the pharmacy
16. To notify the pharmacy of any concerns about the care or services provided.



## Resources & Additional Information:

- Adverse Effects to Medication
  - If you are experiencing adverse effects to the medication please contact your physician or pharmacy.
- Drug Substitution Protocols
  - From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution.
- Insurance Claims
  - We will submit claims to your health insurance carrier for your prescription. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue. There may be financial obligations if our pharmacy is out of network for your health benefit plan. If that happens the pharmacy will provide notice of this in writing.
- Refills
  - You will be contacted by a staff member approximately 1 week prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a Patient Care Coordinator or pharmacist to process your refill requests. If needed, we will assist you with a process to refill a prescription which would otherwise be limited by your prescription benefit plan.
- Prescription Transfers
  - If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
  - If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice.
- Proper Disposal of Sharps
  - Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
- Drug Recalls
  - If your medication is recalled, the specialty pharmacy will contact you, with further instructions, as directed by the FDA or drug manufacturer.





➤ Patient Education Resources

- Condition Resources: <https://www.maxor.com/maxor-specialty/condition-resources/>
- Welcome packet: [https://www.maxor.com/wp-content/uploads/2021/07/Welcome-Packet\\_ALL.pdf](https://www.maxor.com/wp-content/uploads/2021/07/Welcome-Packet_ALL.pdf)
- Patient survey: [www.yourpharmacycares.com](http://www.yourpharmacycares.com)

➤ Complaints

- Patients and caregivers have the right to voice complaints and/or recommendations on pharmacy services. Patients and caregivers can do so by phone, fax, writing, or emailing the pharmacy directly or by reaching out to any of the following parties.
  - Texas State Board of Pharmacy
    - Website: <https://www.pharmacy.texas.gov/consumer/complaint.asp>
    - Telephone: (800) 821-3205 Option 5
    - Address: 1801 Congress Avenue Austin, TX 78701
    - Anyone may file a complaint against a pharmacy, but complaints must be received in writing. A consumer may fill out the on line complaint form or call the phone number above to have one mailed to you.
  - Georgia State Board of Pharmacy
    - <https://gbp.georgia.gov/about-us/contact-us>
    - Telephone: (404) 651-8000
    - Address: 2 Peachtree Street, NW 6<sup>th</sup> Floor Atlanta, GA 30303
    - To file a complaint against a pharmacy please contact the Georgia State Board of Pharmacy via telephone using the number listed above.
    -
  - URAC
    - Website: [https://www.urac.org/complaint\\_step3b/](https://www.urac.org/complaint_step3b/)
    - Telephone: (202)216-9010
    - Address: URAC • 1220 L Street, NW, Suite 400 • Washington, DC 20005
    - To file a complaint about a URAC-Accredited organization go to the website listed above and fill out the complaint form and submit.
  - ACHC Complaint Info
    - Website: <http://achc.org/contact/complaint-policy-process>
    - For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department
  - The Joint Commission Complaint Info
    - Website: [https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)
    - Email Address: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)
    - Fax Number: 202-216-9010
    - Address: The Joint Commission, One Renaissance Blvd, Oak Brook Terrace, Illinois 60181
    - To file a concern about a health care organization you may submit the concern online, via email, fax, or regular mail.



- Proper Disposal of Unused Medications
  - For instructions on how to properly dispose of unused medications please contact Maxor Specialty Pharmacy or go to the below FDA websites for information and instructions
  - Do not flush unused medications or pour them down a sink or drain.

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>



Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits.

The safe way is always the best way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.



### Cleaning your hands

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:

- Touch any blood or body fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

If you are coughing, sneezing, or blowing your nose, clean your hands often. Before you eat, always clean your hands.

#### ➤ How you should clean your hands with soap and water

- Wet your hands and wrists with warm water
- Using soap, work up a good lather, and rub hard for 20 seconds or longer
- Rinse your hands well
- Dry your hands well
- Use a clean paper towel to turn off the water and throw the paper towel away

#### ➤ How you should clean your hands with Alcohol-Based hand sanitizers (waterless hand cleaners)

- For gel product use one application
- For foam product use a golf-ball size amount
- Apply product to the palm of your hand
- Rub your hands together and cover all surfaces of your hands and fingers until they are dry. This should take around 20 seconds.

### Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach
- All medication should be labeled clearly and left in original containers
- Do not give or take medication that were prescribed for other people
- When taking or giving medication, read the label and measure doses carefully and know the side effects of the medication you are taking
- Review and understand storage requirements for your medication

### Mobility Items

When using mobility items to get around, such as; canes, walkers, wheelchairs or crutches, you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles in your path as well as soft and uneven surfaces

### Slips and Falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Secure throw rugs or remove them all together
- Install handrails on all stairs, showers, bathtubs and toilets
- Keep stairs clear and well lit
- Place rubber mats or grids in showers and bath tubs
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness
- Wipe up all spilled water, oil or grease immediately
- Pick up and keep surprises out from under foot including electrical cords
- Keep drawers and cabinets closed
- Install good lighting to avoid searching in the dark



## Lifting

If it is too big, too heavy or too awkward to move alone - **GET HELP**. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance
- Bend your knees and straddle the load
- Keep your back as straight as possible while you lift and carry the load
- Avoid twisting your body when carrying a load
- Plan ahead - clear your way

## Electrical Accidents

Watch for early warning signs; overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use
- Extension cords must have a big enough wire for larger appliances
- If you have a broken plug outlet or wire, get it fixed right away
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault
- Do not overload outlets with too many plugs
- Use three-prong adapters when necessary

## Smell Gas?

- Open windows and doors
- Shut off appliance involved (*You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home*)
- Don't use matches or turn on electrical switches
- Don't use telephone - dialing may create electrical sparks
- Don't light candles
- Call gas company from a neighbor's home
- If your gas company offers free annual inspections, take advantage of them

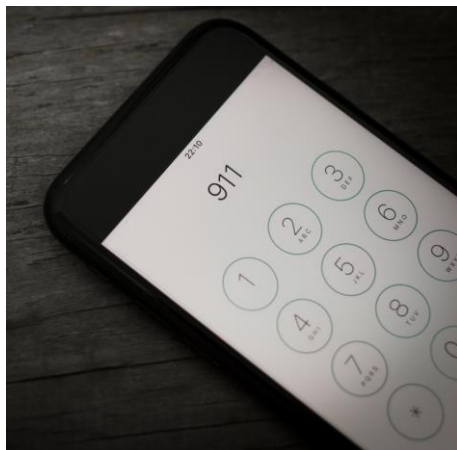
## Fire

Pre-plan and practice your fire escape. Plan for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located.



Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors as they are your best early warning, test frequently and change the battery every year
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home
- Throw away old newspapers, magazines and boxes
- Empty wastebaskets and trashcans regularly
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out and have been wetted down first or dump into toilet.
- Have your chimney and fireplace checked frequently
  - Look for and repair cracks and loose mortar
  - Keep paper, wood and rugs away from area where sparks could hit them
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly
  - If nearby walls or ceilings feel hot, add insulation
- Keep a fire extinguisher in your home and know how to use it



### If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority
2. Get help on the way - with no delay - **CALL 9-1-1**
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke and signal help from the window

## Maxor Specialty Pharmacy (MSP) has a comprehensive emergency preparedness plan in case a disaster occurs.

Disasters may include fire to our facility, chemical spills in the community, snow storms, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, MSP will contact you prior to any anticipated problems the city may encounter. However, if there is a threat of disaster or inclement weather in an area you reside in, it is your responsibility to contact the pharmacy prior to the occurrence (if possible). This process will ensure you have enough medication to sustain you.

Maxor Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where MSP cannot meet your needs due to the scope of the disaster. In that case, you should utilize the resources of your local rescue or medical facility.

### Patients First

#### Please read the guide below to aide you in case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before any anticipated inclement weather emergencies.
2. The pharmacy will send your medication via courier, FedEx priority overnight or UPS next day delivery during any inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence the pharmacy will transfer your medication to a local 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. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency phone number.
6. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aid you.

## NOTICE OF USES – PROTECTED HEALTH INFORMATION

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

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the organization is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as the organization must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how the organization meets these minimum standards. It is also meant to inform you of the ways that the organization may use the personal information it collects about you and how it may disclose it.

### **UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION**

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you as receiving the care.
6. Any genetic information about an individual for underwriting purposes.

This information is referred to as Protected Health Information throughout this Notice.

### **TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

As a Covered Entity, the organization is required to inform you of how it may use your protected health information. In providing treatment to you, the organization will use your protected health information for the purposes of treatment, payment and healthcare operations.

**Treatment** - As it pertains to the organization, treatment means providing to you drugs, medications, supplies and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other health care providers. As the organization provides these services to you, information obtained during this process will be recorded in your medical record. The organization will use this information, in coordination with your physician, to determine the best course of treatment for you.

**Payment** - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by the organization. This includes, but is not limited to, copay assistance, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.





**Healthcare operations** - Operations can include, but are not limited to, review of your protected health information by members of the organization's professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by the organization. Healthcare operations also include the organization's business management and general administrative activities.

## OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, the organization must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent the organization has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. The organization may in the following circumstances disclose your protected health information.

1. the organization may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, and emergency medical services), in the event of an emergency (i.e. flood, hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.
2. the organization may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care.
3. the organization may disclose protected health information to others as required by law.
4. the organization may disclose protected health information for certain public health activities and purposes.
5. the organization may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
6. the organization may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
7. the organization may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
8. the organization may disclose protected health information to attorneys, accountants, and others acting on behalf of the organization, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

## YOUR RIGHTS AS A PATIENT OF THE ORGANIZATION

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, the organization is not required to agree to the requested restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.



6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

## **RESPONSIBILITIES OF THE ORGANIZATION**

In accordance with HIPAA, the organization is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Uses on its website.
5. Notification of Breach of PHI to affected individuals of any unauthorized acquisition, access, use, or disclosure of unsecured PHI without unreasonable delay but not later than 60 calendar days after discovery.

Please be advised that in addition to these responsibilities, the organization reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, it will provide you with a revised notice to the most recent address you have supplied to the organization.

The organization will not use or disclose your protected health information without your authorization, except as described in this notice.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

Privacy Officer

320 South Polk Street, Suite 900

Amarillo, TX 79101

1 (800) 658-6146

Or

The Office of Civil Rights

U.S. Department of Health & Human Services

200 Independence Avenue SW

Room 509F HHH Building

Washington D.C. 20201

1 (800) 368-1019



Enrollee's Name: \_\_\_\_\_ (Optional)

Drug and Prescription Number: \_\_\_\_\_ (Optional)

## MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS

### Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

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

- 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;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

### What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.



Refer to your plan materials or call 1-800-Medicare for more information.

**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 collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any 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, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g. Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

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.



## 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.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by ( supplier legal business name or DBA) 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://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.





## ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received this Welcome Packet by signing and returning this form in the enclosed postage paid envelope.

I confirm that I have received the Welcome Packet, which includes Hours of Operation, Medicare DMEPOS Standards, Notice of Use of Protected Health Information, Contact Information, Patient Bill of Rights and Responsibilities, Financial Obligation and Complaint Process.

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

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

Thank you for choosing Maxor Specialty Pharmacy to service all of your pharmacy needs!

We put our patients at the center of all we do.

Improving  
outcomes  
every day