

BANK'S APOTHECARY



Professional Care, Personal Service

PATIENT WELCOME PACKET

Banks Apothecary

3800 Horizon Blvd

Suite #103

Trevose, PA 19053

(215) 494-9403

<https://banksapothecary.com>

**Hours: Monday – Friday from 8:30 AM – 6:00 PM
and Saturday from 8:30 AM – 2:00 PM**

[CSCD1 (a i, ii, iii)]

Accreditations and Affiliations

Banks Apothecary pledges to provide outstanding services to our patient's and maintain the quality standard which is reflected by our accreditations and affiliations as listed below.

Banks Apothecary is in the process of obtaining URAC accreditation as a mail-order pharmacy. This process is expected to finish by August 2020.

[CSCD1 (a iv)]



Patient Welcome Packet

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Contact and Hours of Operation

Banks Apothecary is located at: [CSCD1 (a i, ii, iii)]

**3800 Horizon Blvd
Suite #103
Treose, PA 19053
(215) 494-9403**

Website: <https://banksapothecary.com>

Email: Help@BanksApothecary.com

**Hours of Operation: Monday – Friday from 8:30 AM – 6:00 PM
and Saturday from 8:30 AM – 2:00 PM**

Need to Speak with A Licensed Pharmacist / Professional:

During regular hours of operation: (215) 494-9403

[CSCD1 (a i, ii, iii)]

For emergency situations after regular hours of operation: (215) 494-9403

Non-English Speaker – Our on-site bilingual staff and Language Translation Services got you covered.

We are closed on following Holidays:

- New Year’s Day
- Independence Day
- Thanksgiving Day
- Memorial Day
- Labor Day
- Christmas Day

Welcome to Banks Apothecary!

Our communication with you will be over the phone, email or through paper mailings or memos. Should you want to access a pharmacist, request medication, or any available drug therapy or patient management or instructions on how to access consumer advocacy support services, please contact us at the provided address and phone number or review our website. **[CSCD1 (a i, ii, iii, iv)]**

According to pharmacy law, the generic equivalent of a brand name drug will be dispensed (substituted), unless the brand name is specified by the doctor. If your insurance company will not pay for a brand name drug, the pharmacy will help find a solution. **[CSCD1 (d i, vii), (e vi)]**

We will work with your doctor and insurance company to gain coverage or change the drug to an agreed upon alternative.

If a medication prescribed is not available, the pharmacy will first contact the doctor and request an alternative medication that is available. Next, we will call a local pharmacy that has the medication in stock and transfer the prescription there until the medication is available again.

If you need a refill medication, please call the pharmacy 3 to 5 days in advance to request your refill. When you will be traveling and need medication earlier than usual, please call the pharmacy so that accommodations can be made for you to receive your medication when you need it. **[CSCD1 (d iii)]**

You are responsible for payment of the co-pays, out of pocket costs (deductibles, co-pays, and co-insurance) assigned by your insurance plan. There is no additional cost for regularly scheduled shipment and adherence packaging. We will assist with finding coupons or financial support programs if requested. If you request a rush shipment, you will be responsible for the additional shipping charge. We accept payments in the following forms: credit card, check or money order. **[CSCD1 (b)]**

Patients are welcome to pick-up their prescription in person or our facility offers free local delivery.

If your insurance plan has a “quantity limit” or benefit limitation on a prescribed medication, we will first consult with you and ask if the out of pocket price is acceptable. Should the price not be acceptable, the pharmacy will contact your physician for an alternative medication which is covered by the insurance plan. We may also recommend that the patient contact the insurance plan directly. **[CSCD1 (d ii)]**

In case of an emergency, disaster or delay in medication delivery please call the pharmacy at (215) 494-9403. Speak to a pharmacy technician or pharmacist to coordinate a plan for medication receipt. Examples of solutions possibilities are Banks Apothecary calling a local pharmacy to fill all or a portion of medication needed, do an overnight shipment, or have the patient call 911. If the pharmacy is aware of a delay in advance, a pharmacy employee will call the patient/caregiver to give any information and an expected delivery date. **[CSCD1 (d iv), (f)]**

For information on your order status, or information on a delay in shipment/receipt please call Banks Apothecary at (215) 494-9403. The tracking number can also be given to you over the phone or email, if not already sent, so that you can track the package at any time, for your convenience. **[CSCD1 (d v, vi), (f)]**

Should your insurance change and/or we become an “out of network” pharmacy, you will be notified and given the option to change pharmacies if you wish. If the choice is to change pharmacies, the new pharmacy must call Banks Apothecary to request a transfer of prescriptions. If you wish to continue to use Banks Apothecary, the cost charged for medication will be provided in writing to you. If there is a change in your insurance company, we will reach out to the new organization and get your new cardholder information. We will have the updated insurance information and will bill to the new plan. **[CSCD1 (c), (d ii, iii, viii)]**

If you have any questions or concerns about service, medication or suspected errors call Banks Apothecary at (215) 494-9403 and speak to a pharmacist. Our professional staff will assist you.

If you have a reaction to a medication, call your doctor to report first, then call Banks Apothecary and speak to a pharmacist. We will note the reaction in your personal file. All adverse drug reactions will be logged, reviewed by a pharmacist and reported as appropriate to the regulatory agencies. **[CSCD1 (e v)]**

Please contact us if your medication arrives warm and should be cold.

For more information about Banks Apothecary and information on drug recalls, disposal of medication, and health and safety information please visit our website:

<https://banksapothecary.com> **[CSCD1 (e iii, iv)]**

For information regarding Evidence based health information and content for common conditions, diagnoses, and the treatment diagnostics and interventions, please see our website at <https://banksapothecary.com> or contact the pharmacy directly at the number given and we will be happy to accommodate you. **[CSCD1 (e ii)]**

Banks Apothecary's customer service center may follow-up-call patients to make sure they received their medication and answer any questions they may have.

Thank you for choosing Banks Apothecary. We appreciate your business. We strive to provide you the best service, medication, and communication all throughout the process.

Kind Regards,

The Team at Banks Apothecary

Email: Help@BanksApothecary.com

Patients' Bill of Rights and Responsibilities

[CSCD1 (e i)]

PATIENT RIGHTS:

You have the right to:

1. Receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, assistance will be provided so you can make informed health care decisions.
2. A choice of health care providers (pharmacies) that is sufficient to provide you with access to appropriate high-quality health care.
3. Know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions
4. Considerate, respectful and nondiscriminatory care in accordance with physician's orders from your pharmacy provider.
5. Talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medication record and request that your record be amended if it is not accurate, relevant, or complete.
6. Have your property and person treated with respect, consideration and recognition of patient dignity and individuality.
7. 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 patient will be responsible.
8. Receive information about the scope of services that the organization will provide and specific limitations on those services.
9. To know about the philosophy, characteristics and eligibility criteria of the patient management program.
10. Be fully informed in advance about the care/service to be provided including the health professionals and disciplines that will furnish the care and follow-up, frequency of interventions as well as any modifications to the plan of care.
11. To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
12. Speak to a health care professional.
13. Receive information about a clinical program offered by the pharmacy, e.g. patient management program.
14. Participate in the development and periodic revision of the plan of care.
15. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
16. Decline participation, revoke consent or cease to participate from the program at any point in time.
17. Be informed of patient rights under state law to formulate an Advance Directive, if applicable.
18. To be able to identify visiting staff members through proper identification.
19. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property.
20. Voice complaints regarding treatment of care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
21. Receive information from the pharmacy regarding other organizations with which they can file a complaint, including ACHC phone (855) 937-2242 and URAC phone (202) 326-3941.
22. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
23. Be advised on Banks Apothecary policies and procedures regarding disclosure of clinical records.
24. To have personal health information shared with other healthcare providers only in accordance with state and federal law.
25. Be informed of financial benefits when referred to another organization for service.

26. Receive administrative information regarding changes in or termination of clinical programs including but not limited to the patient management program.
27. Be fully informed of one's responsibilities.

PATIENT RESPONSIBILITIES:

You have the responsibility to:

1. Give accurate and clinical and contact information and to notify the pharmacy of any changes.
2. Submit any forms or information that is necessary to obtain needed services or participate in a clinical program as required by law.
3. Take responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
4. Become involved in your health care decisions.
5. Notify their treating provider of their participation in clinical programs offered by the pharmacy including but not limited to the patient management program.
6. Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
7. Disclose relevant information regarding medications and medical history to our pharmacist.
8. Clearly communicate your wants and needs regarding your pharmacotherapeutic regimen and management.
9. Become an active participant in achieving compliance and adherence to your medication regimen.
10. Use the health plan's internal complaint and appeal process to address concerns that may arise should you not receive an adequate and appropriate response from Banks Apothecary.
11. Avoid knowingly spreading disease.
12. Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
13. Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
14. Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations and exclusions, rules regarding use of information, and the process to appeal coverage decisions.
15. Show respect for other patients and health workers.
16. Make a good-faith effort to meet financial obligations.
17. Abide by administrative and operational procedures of the health plans and health care providers.

BANKS APOTHECARY

NOTICE OF PRIVACY PRACTICES Effective November 21, 2011

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the healthcare provider has created this Notice of Privacy Practices (Notice). This Notice describes the healthcare provider's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the healthcare provider protect the privacy of your PHI that the healthcare provider has received or created.

This healthcare provider will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the healthcare provider will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The healthcare provider reserves the right to change the healthcare provider's privacy practices and this Notice.** Revisions to the Notice will be posted in the healthcare provider and upon your request, provided to you in a paper format.

HOW THE HEALTHCARE PROVIDER MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the healthcare provider is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The healthcare provider will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The healthcare provider may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the healthcare provider workforce.

The following is an accounting of additional ways in which the healthcare provider is permitted or required to use or disclose PHI about you without your written authorization. All uses and disclosures will be to the minimum necessary amount of your PHI. Many of these uses and disclosures will never be made by the healthcare provider; however, we are required by law to notify you of them as a health care provider.

Uses and disclosures as required by law: The healthcare provider is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: The healthcare provider may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosure about victims of abuse, neglect or domestic violence: The healthcare provider may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: The healthcare provider may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures for judicial and administrative proceedings: The healthcare provider may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the healthcare provider.

Disclosures for law enforcement purposes: The healthcare provider may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: The healthcare provider may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The healthcare provider may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The healthcare provider may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the healthcare provider will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The healthcare provider may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: The healthcare provider may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: The healthcare provider may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The healthcare provider may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Disclosures to business associates: The healthcare provider may disclose PHI about you to the healthcare provider's business associates for services that they may provide to or for the healthcare provider to assist the healthcare provider to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

The healthcare provider may contact you for the following purposes:

Refill reminders: The healthcare provider may contact you to remind you of your prescription upon such time they are ready to be refilled.

Information about treatment alternatives: The healthcare provider may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: The healthcare provider may use your PHI to notify you of benefits and services the healthcare provider provides.

Fundraising: If the healthcare provider participates in a fundraising activity, the healthcare provider may use demographic PHI to send you a fundraising packet, or the healthcare provider may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

FOR ALL OTHER USES AND DISCLOSURES

The healthcare provider will obtain a written authorization from you for all other uses and disclosures of PHI, and the healthcare provider will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Helen Kim Condon to obtain a *Request for Restriction of Uses and Disclosures*.

YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of the healthcare provider's uses and disclosures of your PHI; however, the healthcare provider is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, *Request for Restriction of Uses & Disclosures*, from the healthcare provider and return the completed form to the healthcare provider or return to Helen Kim Condon.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that the healthcare provider communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the healthcare provider to have an accurate address and home phone number in case of emergencies. The healthcare provider will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a

form, *Request for Alternative Arrangements for Confidential Communication*, from the healthcare provider and return the completed form to the healthcare provider or return to Helen Kim Condon.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in the healthcare provider for the duration the healthcare provider maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, *Request for Access to Records*, from the healthcare provider and return the completed form to the healthcare provider or return to Helen Kim Condon. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI the healthcare provider maintains about you, if you feel that the PHI the healthcare provider has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services (“HHS”), or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from the healthcare provider and return the completed form to the healthcare provider or return to Helen Kim Condon.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by the healthcare provider. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from the healthcare provider and return the completed form to the healthcare provider or return to the Helen Kim Condon. You should be aware, however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

The right to receive additional copies of the Healthcare provider’s Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask a healthcare provider workforce member and they will provide you with a copy.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The healthcare provider reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The healthcare provider will also post the revised version of the Notice in the healthcare provider.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the healthcare provider and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with the healthcare provider, please contact Helen Kim Condon. If you wish to file a complaint with the Secretary, please write to:

Office for Civil Rights
Sam Nunn Atlanta Federal Center (SNAFC)
61 Forsyth Street, SW
Atlanta, GA 30303-8909

The healthcare provider will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on the healthcare provider's privacy practices or for clarification on anything contained within the Notice, please contact:

**Banks Pharmacy
S. Maddula
3800 Horizon Blvd
Suite #103
Treose, PA 19053
(215) 494-9403**

Patient Management Program Information

Banks Apothecary believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy. **[PM 9 (b)]** BANKS provides a Patient Management Program (PMP) to those patients receiving specialty medications. The PMP services provide help for consumers to understand, manage and comply with their drug treatment. In addition, it provides assistance to those patients experiencing difficulty taking, obtaining, or following their medication schedule. BANKS' patient management services include the following:

- A health assessment of the patient
- Education and counseling with the Pharmacist, designed to enhance patient understanding and appropriate use of his/her medications
- Information and resources designed to enhance patient compliance with specialty drug administration.
- Coordination of healthcare services, with providers, and other healthcare professionals participating in the patient's care **[PM 8 8 (a)]**
- Care planning to ensure treatment goals meets the patient's needs and are shared among the patient's providers **[PM 8 (c)]**

Why Use Patient Management Services?

BANKS believes that patients may gain the following potential health benefits by participating in the Patient Management Program:

- Improved knowledge of medication use and administration; **[PM 9 (d)]**
- Improved medication compliance by creating an individualized plan for the patient to make sure medication is taken as prescribed;
- Improved ability to manage difficult side effects; **[PM 9 (d iii)]**
- Greater self-management of medications and medical condition; **[PM 9 9 (c)]**
- Improved coordination of healthcare services through the collaboration of your pharmacist, doctor and healthcare team;
- 24/7 accessibility to a pharmacist or other clinical person;
- Regular follow-up to assure your medications are being effective for you. **[PM 10 (b i)]**

The PMP has limitations. These include:

- Active patient participation in medication management is required
- The patient must inform BANKS of changes in medical condition and medication therapy **[PM 10 (b i)]**

You will automatically receive these patient management services if you are taking a specialty medication. However, you may request not to participate in the program at any time by calling Banks Apothecary at: (215) 494-9403. **[PM 10 (b ii, iii)]**

The PMP is offered free of charge to our patients.

Patient Management Program Patient Rights and Responsibilities

The Patient Management Program is offered to patients receiving specialty medications. Participation in the Patient Management Program provides the patient with greater knowledge, tools and clinical follow-up to promote self-management of their medical condition and medications.

Patients participating in the Patient Management Program have the following rights and responsibilities:

Patient Rights:

- To know about the philosophy and characteristics of the patient management program; **[PM 12 (a)]**
- To have personal health information shared with the patient management program only in accordance with state and federal law; **[PM 12 (b)]**
- To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested; **[PM 12 (c)]**
- To speak to a health professional; **[PM 12 (d)]**
- To receive information about the patient management program; **[PM 12 (e)]**
- To receive administrative information regarding changes in or termination of the patient management program; and **[PM 12 (f)]**
- To decline participation, revoke consent to participate in the program or disenroll from the program at any point in time. **[PM 10 (b iii)], [PM 12 (g)]**

Patient Responsibility:

- To submit any forms that are necessary to participate in the program, to the extent required by law; **[PM 12 (h)]**
- To give accurate clinical and contact information and to notify the patient management of changes in this information; and **[PM 12 (i)]**
- The responsibility to notify their treating provider of their participation in the patient management program. **[PM 12 (j)]**

BANK'S APOTHECARY



Professional Care, Personal Service

Pharmacy Information

How do I contact Banks Apothecary for questions that I may have?

- Patients may call (215) 494-9403 for any information regarding their medications, such as order status, medication delays, drug recalls, etc.

Banks Pharmacy
3800 Horizon Blvd
Suite #103
Trevoze, PA 19053
(215) 494-9403

<https://banksapothecary.com>

Hours: Monday – Friday from 8:30 AM – 6:00 PM and Saturday from 8:30 AM – 2:00 PM

[CSCD1 (a i, ii, iii)]

What ongoing support will Banks Apothecary offer me? [CSCD1 (a iii)]

- Adherence Packaging
- Monthly patient care and wellness checks
- Prescription refill reminders
- Pharmacists available 24/7 to answer any clinical question.
- Instructions on how to access consumer advocacy support. [CSCD1 (a iv)]

Does Banks Apothecary stock my medication and how will I get it?

- Our staff is available to discuss medication availability at Banks Apothecary as well as access to medications whether store pickup or delivery.
- We will assist and refer patients when necessary to different programs if certain medications are not accessible or available at Banks Apothecary.
- If needed, pharmacists are available to discuss generic substitutions or alternatives for medications that may be too expensive or are not covered by your healthcare insurance or are no longer available.

What does my prescription cost?

- Once a prescription has been processed, you will be notified of your cost. Our staff can explain questions related to your prescription cost, such as your out of pocket cost, deductible, co-payment, co-insurance, etc.
- Some patients, depending on their healthcare coverage, are eligible to be enrolled into prescription drug assistance programs to assist with out of pocket costs. Our staff can assist with this process.

What if my insurance does not cover my medication? How will I get the medication I need?

- Patients are contacted immediately if a plan limitation or benefit exclusion occurs while processing a prescription.
- Our staff will educate regarding and refer available options to cover partial or full cost of medication:
 - Patient assistance programs available through manufacturer (e.g. copay cards, coupons, etc.), local county clinics or agencies, foundations, and local non-profit organizations associated with the disease state, or
 - Pharmacies available within the insurance provider’s network, or
 - Contacting the physician for alternative therapies, if applicable.

How do I contact a pharmacist?

- Patients can call (215) 494-9403 to speak with a pharmacist or visit the pharmacy located at 3800 Horizon Blvd, Suite 103, Feasterville Trevose, PA 19053 between the hours of 8:30am EST and 6pm EST Monday through Friday and 8:30am EST to 2pm EST on Saturday. **[CSCD1 (a ii)]**

How do I contact my provider?

- Pharmacy staff is available to give provider telephone numbers and office addresses to patients by calling (215) 494-9403.

What should I do if there is a delay in delivery of my medication?

- Please contact the pharmacy immediately if there is a delay in delivery at (215) 494-9403.

How do I refill my medication?

- Refill instructions by calling the automated refill line at (215) 494-9403. We also offer auto refill service for patients enrolled in the Patient Management Program.
- If a pre-authorization is required for a prescription, our staff will inform the patient and take the necessary steps to acquire the pre-authorization.

What should I do if I miss a dose of medication?

- If you miss a dose of medication and you have access to a telephone call your provider and/or the pharmacist on call for instruction on how to proceed.
- If you do not have telephone access, take the required dose the next day.
- Do not double up on the medication to make up for missing doses.

I am traveling and now in need of medication. What should I do?

- At Banks Apothecary, we are here to meet all of your needs. Please call (215) 494-9403 to inform Banks Apothecary when a medication is needed before or while traveling so that the appropriate steps can be taken to deliver your medication to the location of your choice.

My prescription was filled at another pharmacy. How do I have Banks Apothecary fill it?

- Please call (215) 494-9403 to have pharmacy staff transfer the prescription.

What are my Consumers Rights and Responsibilities?

- Patients can request a copy of their Consumer Rights and Responsibilities by calling (215) 494-9403.

How do I find information on topics such as side effects, adverse drug reactions, and proper medication disposal?

- Information regarding medication specific guidelines including, but not limited to, adverse drug reactions and how to dispose of medications properly can be obtained by calling Banks Apothecary at (215) 494-9403.

How do I find more information about my condition?

- Additional information about medication and therapy is available through:
 - Web sites by searching the name of the medical condition and medication
 - Food and Drug Administration Hotline at (800) 463-6332 / www.fda.gov
 - Center for Disease Control and Prevention at (800) 232-4636 / www.cdc.gov
 - Poison Control Center at (800) 222-1222 / www.aapcc.org

Are there any support groups available to help with what I may be going through at this time?

- Our staff can assist with consumer advocacy support by calling (215) 494-9403.

How can I be careful when I prepare and take my medications to avoid infections?

- Keep your medications in a clean storage area that is not accessible to children.
- Keep your medications store at the correct temperature to maintain its effectiveness.
- Pour medications in clean, well-lit area.
- If you are taking injectable medications make sure to read the additional information on how to administer injectable medications correctly.

How do I store my medications correctly?

- Your medication bottle will specify storage instructions, e.g. KEEP REFRIGERATED. Look for these instructions. They will be printed in colored labels and attach to the bottles or receptacle that stores the medication.
- If in doubt on how to store your medications, call your pharmacist.

How do I dispose of any left-over medication?

- Follow any specific disposal instructions on the prescription label or drug information sheet that accompanies a new order or refill of medication.
- Take advantage of community programs that allow the public to take unused drugs to a central location for proper disposal.
- If no specific drug disposal instructions are provided on the label of the medication bottle and no take back program is available in your community, throw the drugs away in the household trash following these steps:
 - Remove the medication from their original containers and mix them with an undesirable substance, such as used coffee ground, dirt, or kitty litter.
 - Place the mixture in a sealable bag, empty can or other sealed container to prevent the mixture and the added medication from leaking or breaking out inside the garbage bag.
 - Scratch out all identifying information from the medication bottles.

- Do not give or share medication with other people. Something that works for one person can be dangerous for someone else.
- If any doubts about disposing a medication, contact Bank Apothecary and speak to the pharmacist for further instructions.

I have a concern, complaint or grievance about the services provided by Banks Apothecary. What should I do?

- Call Banks Apothecary. The staff will try to resolve the problem immediately.
- Other options to call to express a complaint include:
 - American Commission for Accreditation of Healthcare: (855) 937-2242 or (919) 785-1214
 - URAC Compliance and Ethics: (202) 326-3941 or email compliance@urac.org
 - Your pharmacy benefit manager
 - Your health plan
 - Pennsylvania Department of Pharmacy: (717) 783-7156

I am not satisfied with the resolution provided by Banks Apothecary to my concern. What should I do?

- You can appeal Banks apothecary final resolution and/or determination to:
 - American Commission for Accreditation of Healthcare: (855) 937-2242 or (919) 785-1214
 - URAC Compliance and Ethics: (202) 326-3941 or email compliance@urac.org
 - Your pharmacy benefit manager
 - Your health plan
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ANY OTHER QUESTIONS, PLEASE CALL BANKS APOTHECARY.