

***Rx* Advantage**

**Facility Resource
Manual**

**7101 Hwy 90, Suite 300
Daphne, Alabama 36526
(251) 625-6100**

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Pharmacy Services

HOURS OF OPERATION

Monday – Friday 8am – 6pm (CST)

Saturday 9am – 2 pm (CST)

THE CUT OFF TIME FOR YOUR FACILITY IS 4 PM (Central Time)*

(If you are in a different time zone that would be 5 PM (your time))

***If an order received after cut off time, fax the order to the pharmacy accompanied with a phone call requesting that the order be sent out on that day's delivery. If there is no phone call the order will be processed and sent out on next scheduled delivery.**

TO CALL Rx Advantage, Inc. or for FAX confirmation: **1-877-770-7923**

Alternative numbers: 251-625-6100

To FAX to Rx Advantage, Inc.: **1-866-478-7909**

Alternative numbers: 251-625-6502

For after hours emergencies please call the toll free number below and your call will be forwarded to the on-call pharmacist.

Dial 1-877-695-4534 and provide operator with the following information:

Name of Facility

Name of Patient

Nature of Request

Name of Contact Person & Call Back Number

Operator will attempt to connect On-Call Pharmacist at time of call, if unable operator will page On-Call Pharmacist and have a return call to the Facility.



HOW TO CONTACT US IF YOU HAVE QUESTIONS

Phone Number: (251) 625-6100 / (877) 770-7923

Fax Number: (251) 625-6502 / (866) 478-7909

NAME	POSITION	PHONE NUMBERS	CELLULAR
		OFFICE	Email
John D. McKay	President, CEO	(251) 625-6100 (877) 770-7923	(251) 776-3008 jmckay@rxadvantage-inc.com
Travis Hadder, Pharm D Consultant Pharmacist	VP of Operations	(251) 625-6100 (877) 770-7923	(850) 291-9415 thadder@rxadvantage-inc.com
Steve Maruschak, Jr., Consultant Pharmacist	Chief Technical Officer	(251) 625-6034 (877) 770-7923	(850) 554-0578 smaruschak@rxadvantage-inc.com
Steve Jackson R.Ph., Consultant Pharmacist	Founder, Chairman	(251) 625-6100 (877) 770-7923	(850) 554-0577 sjackson@rxadvantage-inc.com
Keith Singler	Controller	(251) 625-6100 (877) 770-7923	(251) 272-0587 ksingler@rxadvantage-inc.com
Donna Coley	Order Entry/ Manager	(251) 625-6100 (877) 770-7923	(251) 533-8469 dcoley@rxadvantage-inc.com
Ashley Graham	Billing Supervisor	(251) 625-6100 (877) 770-7923	(205) 799-5405 agraham@rxadvantage-inc.com
Julie Doughan	Implementation Project Manager and Account Manager	(251) 625-6100 (877) 770-7923	(251) 533-7643 jdoughan@rxadvantage-inc.com
Debbie Reed	Medical Records Lead	(251) 625-6100 (877)770-7923	(251) 605-6553 dreed@rxadvantage-inc.com

AVAILABLE MEDICATION DELIVERY SYSTEMS

- 1 ***Advantage Pac:*** Rx Advantage, Inc. provides the ***Advantage Pac*** which is a multi-dose unit package or compliance patient medication package as our premier packaging system. The ***Advantage Pac*** system features an automated filling process in easy to tear packages that meet USP requirements. The ***Advantage Pac*** is on a cycle fill process, thus, routine solid oral maintenance medication(s) are delivered to the Facility on a scheduled basis without the need for the Facility to prompt a request for refills. **Bulk and p.r.n. medications require a refill request from the Facility to Rx Advantage, Inc.** (See Exhibit A – Medication Refill Request Form) Please order at least 48 hours prior to last dose.

The ***Advantage Pac*** can only contain tablets and capsules, and also must meet specific HOA's. The following type of medication(s) cannot be placed in a multi-dose package system:

- a. PRN (as needed) medication(s)
- b. Complicated specific order(s)
- c. Bulk items (ointments, liquids, etc.)

A. **New/Discontinued/Changed Orders:**

New medication(s) orders: A separate ***AdvantagePac*** referred to as a “**Batch-Update**” will be delivered to the Facility to be administered concurrently with the primary ***AdvantagePac*** container. (“Batch Update” will be noted on the ***AdvantagePac***).



- **Discontinued medication(s) orders:** The discontinued medication(s) will be identified in each packet based on the medication(s) physical description and imprint as described on the front of each individual packet and held at the time of administration. A **Batch Update** will be delivered to the Facility indicating exactly which medication and hour of administration (HOA) should be removed and wasted. (“Batch-Update” will be noted on the ***AdvantagePac***)

Change of medication(s) orders: The medication(s) whether increased or decreased in dose, frequency or hour of administration (HOA) will be delivered to the Facility as a “Batch-Update” which will indicate exactly which medication, strength and hour of administration (HOA) to be removed and wasted, while providing the new dose, frequency and hour of administration (HOA).

- 2 **Unit Dose (Bingo Card) Package:** Rx Advantage, Inc. also provides a bingo card (bubble pack) package system for administration of medication(s). This type of package can be provided to the Facility per an individual(s) or by facilities request. The following medication(s) will be routinely dispensed in this package unless otherwise requested:
 - A. Controlled medication(s)
 - B. PRN (as needed) medication(s)

3. **Bottle or Vial Package:** Rx Advantage, Inc. also has the ability to provide medication(s) in the traditional package form of a bottle or vial. This type of package will be provided at the request of an individual or Facility. The following medication(s) will be routinely dispensed in the package unless otherwise requested:
 - A. Injectables, (i.e. Insulin(s)) a modified label will also be applied to the actual container.
 - B. Ophthalmic (eye) drops, a modified label will also be applied to the actual container.

BASIC FACILITY SETUP INFORMATION

The following information will be required before any data can be loaded in to Rx Advantage, Inc. pharmacy software system.

1. Physical Address of Facility
2. Billing Address of Facility
3. Contact Phone number(s)
4. Fax Phone Number(s)
5. Contact person(s)
6. Hours of Administration (HOA)
 - A. The hours of administration are required to setup a standard within the Facility for the administration of medications. The following times are required for HOA setup:
 1. Once a day time;
 2. bid: Twice a day times;
 3. tid: Three a day times;
 4. qid: (Four a day) times;
 5. Meals times; and
 6. hs: (Bedtime).

If a physician orders a medication for a specific time, the assigned time(s) will reflect upon the medication administration record. If a Facility standard HOA change is required, a Change of HOA Request Form (See Exhibit B) must be complete before any changes can occur.

PATIENT SETUP INFORMATION

Upon the admission of a resident to a Facility, Rx Advantage, Inc. requires that the following be completed.

1. Resident Information: Upon intake/admission of a patient/youth into the facility, the pharmacy requires demographic information to be completed on the patient using the New Admission Form (See Exhibit C).
2. Pharmacy Insurance Coverage: Where applicable, individual(s) receiving support from a third party payer, (i.e. pharmacy insurance, either Medicaid or via a Parent/Guardian) the

Medicaid number and/or a copy of the pharmacy insurance must be provided at the initiation of service for validation of coverage. If not, then the Facility assumes responsibility for full payment of all services and is also responsible for filing for any reimbursement(s) from the insurance company. Rx Advantage, Inc. will provide a printed statement for filing with insurance for reimbursement(s).



MEDICATION ADMINISTRATION RECORDS

Rx Advantage, Inc. provides MAR's for use by the Facility for the administration of medication(s). Rx Advantage, Inc. must receive all orders; whether new, changed or discontinued, for each individual Rx Advantage services at the Facility. Orders transcribed by personnel at the Facility to a blank MARs are not considered a physician's order. For a medication(s) to appear on the printed MAR provided by Rx Advantage, Inc. a copy of a physician's signed order must be received by Rx Advantage, Inc. Changes to MAR's should be made by the Facility during the month. A copy of the physician's order must be sent to Rx Advantage, Inc. MAR's are to be returned to Rx Advantage, Inc. by the 5th of each month for Rx Advantage, Inc. to provide sufficient time for review prior to printing. The printing of MAR's is done at Rx Advantage, Inc. on the 25th -26th of each month & delivered to the Facility on next scheduled delivery.

DELIVERY OF MEDICATION(S) & SERVICES

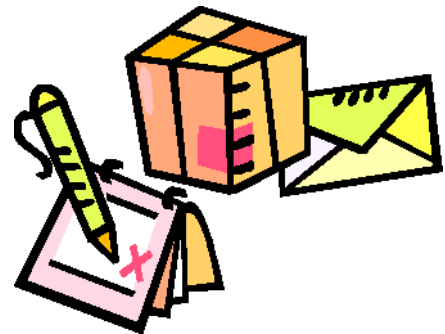
Rx Advantage, Inc. will provide routine medications in the *Advantage Pac* on 7 day intervals. Those medications will arrive at the Facility approximately 48 hours prior to the start of the next scheduled cycle.

To maintain efficient and quality service, all orders must be received 2 hours prior to a Facility's scheduled delivery (see cut-off time in front of manual). Any faxes sent after the cut-off time will be sent on the next business day, unless the faxed order(s) are accompanied by a phone call notifying Rx Advantage, Inc. that a stat or urgent medication(s) has been faxed and needs to be on today's shipment. After the delivery service has picked up from Rx Advantage, Inc. for the day, the backup pharmacy will be utilized as described in the Back-Up Pharmacy section of this manual.

Rx Advantage, Inc. has contracted with a courier service (UPS) for delivery service. The delivery service is only responsible for delivery of the container/package. The package must be intact upon receipt. The driver's presence is not required for checking contents of the package medication(s). The package delivery only requires a signature of receipt of delivery.

E Within 24 hours the staff will be responsible for checking the inventory of the delivery. Once that individual has checked the contents of the delivery, a separate signature, date and time must be noted on the delivery sheet and faxed to Rx Advantage, Inc. with any discrepancies noted at that time. If no discrepancies are noted, the delivery is considered verified and complete. For any discrepancies following the faxed acknowledgement it is the Facility's responsibility (financially) for replacement of the medication(s).

- o Discrepancies: If a CII medication is delivered and there is a problem with the medication (quantity, or patient information) the Facility must contact Rx Advantage, Inc. immediately. A representative from Rx Advantage, Inc. will give instructions on each individual situation.



BILLING PROCESS

The billing at Rx Advantage, Inc. is done in a retrospective manner. At close of business on the last day of the month, all cycle fill medication(s) bills are created for all active medications during the past month's period, (e.g., 01/01/07-01/31/07 period), and that quantity will be reflected on the statement using the first day of the month as the date of service.

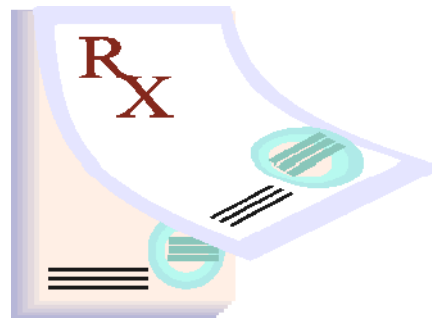
Bulk and p.r.n. medication(s) are billed on the day they are filled which will be reflected on the statement.

For those individuals with third party providers, e.g., pharmacy insurance, Rx Advantage, Inc. will process the transaction(s) electronically to determine the co-pay, (i.e. amount due by the responsible party). For those medication(s) that are not covered by the third party provider, e.g., insurance provider, the responsible party will be responsible for the total amount due.

MEDICATION ORDERS

Rx Advantage, Inc. accepts new, changed or discontinued orders by the following methods:

1. Phone order(s) directly from the physician. Rx Advantage, Inc. will fax a copy of the phone order(s) to the Facility for the Facility's records.
2. Faxed order(s) directly from physician's office. Rx Advantage, Inc. will forward a copy of the faxed prescription(s) to the Facility for the Facility's records.
3. Faxed copy of physician's order(s) from the Facility.
4. CII (Schedule II) Medication Orders (e.g. Adderall, methylphenidate):



- **The original prescription is required for all CII prescriptions.** There will be no refills allowed on Schedule II Controlled medications. Original prescription must be utilized each time.
- **Discrepancies: If a CII medication is delivered and there is a problem with the medication, quantity, or patient information, then the Facility must contact Rx Advantage, Inc. immediately.**

MEDICATION REFILL REQUEST

Rx Advantage provides a Medication Refill Request Form (See Exhibit A), which requires the following to be completed.

- Patient name
- Medication(s) needed
- Prescription number(s)
- Quantity on hand
 - Must indicate quantity on hand to ensure appropriate delivery date.

LABELING OF PRESCRIPTION & OTC MEDICATION(S)

Pursuant to state and federal regulations, all orders (prescription or OTC) from a physician must have a prescription label affixed to the container. Rx Advantage, Inc. can only label items that have been filled by Rx Advantage, Inc. If another pharmacy provides a prescription or OTC item ordered by a physician, then only that pharmacy can label such item.



OTC's requested by individual (resident) or resident's family only require patient's name affixed to container

Sample Medication(s): Pursuant to state and federal rules and regulations, a practitioner dispensing complimentary prescription medication(s) to their own patients may dispense them in the manufacturer's package, which shall also include the practitioner's name, the resident's name, and the date dispensed. If complimentary prescription medication(s) are not dispensed in the manufacturer's labeled package, they shall be dispensed in a container which bears a label containing the following:

- Practitioner's name
- Resident's name
- Date dispensed
- Name & strength of medication(s)
- Directions for use
- Expiration date

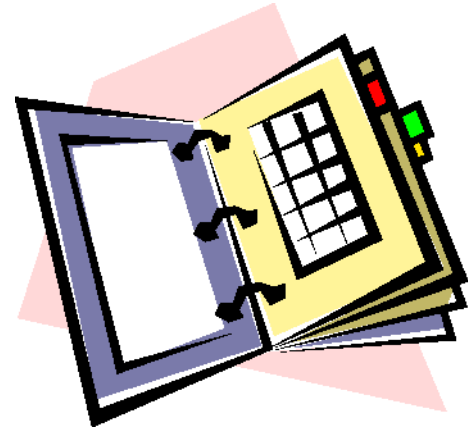
DESTRUCTION OF MEDICATION(S)

Medication(s) that are either a controlled substance or one that has been considered abandoned pursuant to state regulations must be destroyed. Destruction must occur within 15 days of a patient discharged / released from the Facility, and within 30 days of a physician's discontinuation orders. Controlled substance cannot be returned to the Pharmacy for destruction, destruction of the controlled substance must be handled at the Facility. Abandoned medication(s) pursuant to state rule and regulations may be returned to Rx Advantage, Inc. for destruction only if the proper return paperwork has been completed by the Facility.

- Destruction for a discontinued medication must occur within 30 days of the discontinued physician's order.
- Destruction of an abandoned medication(s) must occur within 15 days of patient's discharge / release date.
- Abandoned medication(s) can be destroyed at the Facility pending the following:
 - There are two witnesses to the destruction
 - The act of destruction shall be documented
 - Documentation must be retained for easy retrieval

PATIENT STATUS COMMUNICATION

The status change of a youth / inmate / patient must be communicated to Rx Advantage, Inc. as quickly as possible. The use of the Status / Census Change Form (See Exhibit E) allows the Facility to update Rx Advantage, Inc. of a patient's change, (i.e. moved, hospitalized, or deceased). The form will be faxed to Rx Advantage, Inc. with any youth / inmate / patient status change at time of such change. This will allow Rx Advantage, Inc. to maintain an accurate profile on each patient.



BACK-UP PHARMACY COVERAGE

For facilities located out of town, a back-up pharmacy will be arranged to provide medication(s) in emergency situation(s). If a prescription for an emergency situation(s) is received by a Facility after Rx Advantage, Inc.'s hours of operation, facilities scheduled delivery or another unique situation, the Facility's Director of Nursing (D.O.N.) or individual in charge will call Rx Advantage, Inc. to inform the Pharmacy manager or on-call person of the situation. After determining the appropriate action, a representative from Rx Advantage, Inc. will contact the back-up pharmacy for filling the appropriate supply of medication(s) until Rx Advantage, Inc.'s next scheduled delivery. The back-up pharmacy will bill Rx Advantage, Inc. and Rx Advantage, Inc. will then bill the appropriate party. If the medication(s) ordered requires further coverage than the emergency coverage provided, then Rx Advantage, Inc. will be responsible for any future medication(s).



Dispense Change Request

Key

A=Active (Advantage Pak)

P=Profile Only

B=Bottle

U=Unit Dose

E=Emergency Provider/Partial Profile

Example: John Doeman Test Facility: A021 or M021

Medical Record Number: A021DOEMJO or M021DOEMJO (Found on MAR/MOR)

Requested Status Change:	Send the following to Rx:	You will receive:
Profile to any Active Status (Advantage Pak by Default)	<ul style="list-style-type: none"> • New Pharmacy Agreement Authorizing Rx Advantage to supply ALL medications • Dispense Change Request Form • New Orders • <u>Desired packaging type</u> 	All medications except PRN's and narcotics will be dispensed in Rx Advantage's signature packaging system, The Advantage Pak. All PRN's and narcotics will be dispensed in unit dose cards.
Advantage Pak to Profile Status	<ul style="list-style-type: none"> • New Pharmacy Agreement declining to use Rx Advantage pharmacy services • Dispense Change Request Form with desired change noted 	Rx Advantage will profile all medications for MAR/MOR purposes only. We will not supply any medications.
Advantage Pak to Bottle or Unit Dose Only Status (Approval Needed)	<ul style="list-style-type: none"> • Dispense Change Request Form with desired change noted • Packaging Requested • Pharmacy and Facility Administrator Approval needed. 	Rx Advantage will supply all medications on an on demand basis. All medications must be requested and will be dispensed in either bottles or unit dose cards, depending on your preference.
Any Status to Emergency/Partial Profile Status	<ul style="list-style-type: none"> • New Pharmacy Agreement authorizing Rx Advantage to supply limited medications. • Dispense Change Request Form with desired change noted. 	Rx Advantage will supply any requested medications on an on demand basis. All medications will be profiled until verbally requested by the facility and dispensed in either bottles or unit dose cards, depending on your preference.
Unit Dose/Bottle to Advantage Pak	<ul style="list-style-type: none"> • Dispense Change Request Form with desired change noted. 	All medications except PRN's and narcotics will be dispensed in Rx Advantage's signature packaging system, The Advantage Pak. All PRN's and narcotics will be dispensed in unit dose cards.

The Rx Advantage, Inc. Advantage Pac is cycle-filled, thus the facility personnel is not responsible for requesting refills on routine maintenance medications. Refills for unit-dose blister cards, bulk items, narcotics and any other non-cycle fill items are processed by Rx Advantage, Inc. receiving a request on Refill Request Form via facsimile.



Patient Status by Facility Code

Example: Patient John Dorman
Facility: Test Facility (A021) (M021)
Medical Record Number can be located at the bottom of patients
Medication Administration Record

Facility Code/Packaging System Number	What to expect	Example/Medical Record
Advantage Pak A021 (ALF) M021 (FACT)	<ul style="list-style-type: none"> • All medications except PRN's and narcotics will be dispensed in the Rx Advantage Pak. PRN's and narcotics will be dispensed in unit dose cards. • All medications will be dispensed on facilities set cycle. • All medications orders will be filled unless otherwise requested. 	A021:DORMJO or M021: DORMJO
Profile P021 (ALF) p021 (FACT)	<ul style="list-style-type: none"> • All medication orders will be profiled for MAR/MOR purposes only. • Rx Advantage does not supply any medications, not even in the event of an emergency. 	P021:DORMJO or p021:DORMJO
Bottle Only B021 (ALF) b021 (FACT)	<ul style="list-style-type: none"> • All medication orders will be packaged in bottles. • Cycle Fill not available for this type of patient, refills must be requested. • Pharmacy and Facility Administrator approval needed. 	B021:DORMJO or b021: DORMJO
Unit Dose Only U021 (ALF) u021 (FACT)	<ul style="list-style-type: none"> • All medication orders will be packaged in unit dose/bubble cards. • Cycle fill not available, for this type of patient, refills must be requested. • Pharmacy and Facility Administrator approval needed. 	U021:DORMJO or u021:DORMJO
Emergency/Partial Profile E021 (ALF) e021 (FACT)	<ul style="list-style-type: none"> • All medication orders will be profiled unless verbally requested. • All medications will be dispensed in Bottles or Unit Dose Cards, depending on your preference. • Cycle Fill not available for this type of patient, refills must be requested. 	E021:DORMJO or e021:DORMJO

This facsimile transmission is intended for the individual or company to whom it is addressed and may contain information which is privileged, confidential, and prohibited from disclosure or unauthorized use under applicable law. If the recipient of this transmission is not the intended recipient, or the employee or agent responsible for delivering such materials to the intended recipient, you are hereby notified that any use, discussion, or copying of such material is strictly prohibited by the sender. If you have received this transmission in error, please notify us immediately by telephone at the number above and return the material to the sender by mail. Thank you.

EXHIBITS



MEDICATION REFILL REQUEST FORM

****Orders must be received 2 HOURS prior to the daily scheduled delivery****

Refill Sticker	Refill Sticker	Refill Sticker			
Refill Sticker	Refill Sticker	Refill Sticker			
Refill Sticker	Refill Sticker	Refill Sticker			
Refill Sticker	Refill Sticker	Refill Sticker			
Refill Sticker	Refill Sticker	Refill Sticker			
Patient Name	Medication	Rx #	Qty on hand	Rx Status	
Patient Name	Medication	Replacement Dose Date/Time of Need	Reason for Replacement Needed	Requested By	Date

Rx Status Key:

Nurse Ordering: _____

Date: _____

Call M.D. (CMD) ----->	Pharmacy has submitted refill authorization to physician for approval (Rx Advantage, Inc. will request 48-72 hr turn around))
------------------------	---

Notes: _____

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NEW ADMISSION FORM

FAX TO: (251) 625-6502 OR (866) 478-7909

Attn: Admissions & Billing Departments

**** Pharmacy orders may be withheld until all
Information on this form is completed & verified****

FACILITY: _____ Date _____

RESIDENT'S NAME: _____
Last First MI

Account or Medical Record # _____ Circle One: Male Female

Social Security #: _____ Date of Birth: _____

Wing / Station: _____ Room: _____ Bed: _____

Physician: _____

Drug Allergies: _____

Payer Source: Medicaid ~ Medicaid Pending ~ Hospice ~ HMO ~ Facility ~ Private Pay ~ Other
Circle One

Policy or ID #: _____ Group #: _____
**** Fax copy of front and back of policy card****

Additional Insurance Information: _____

RESPONSIBLE PARTY INFORMATION

Name: _____ Relationship to Patient _____

Address: _____

Address: _____

Contact Numbers: _____ ***** _____

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STATUS / CENSUS CHANGE FORM

**FAX TO: (251) 625-6502 OR (866) 478-7909
Attn: Admissions & Billing Departments**

***** Please complete all that apply and Fax
DAILY to the Pharmacy by 10:00 a.m.***

FACILITY: _____

DATE: _____

RE ADMIT: _____
Last First Wing / Room / Bed Payer Source

RE ADMIT: _____
Last First Wing / Room / Bed Payer Source

DISCHARGE / INCARCERATED / MIA: _____
Last First

DISCHARGE / INCARCERATED / MIA: _____
Last First

Hospitalized or Expired: _____
Last First Date

Hospitalized or Expired: _____
Last First Date

Station and/or Room Change: _____
Last First To

Station and/or Room Change: _____
Last First To

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Dispense Change Request Form

Fax to: 251-625-6502 or 866-478-7909
Attn: Admissions & Billing Department

(Facility)

(Date)

(Patient Name)

Circle the Dispensing Type Requested
(Refer to Dispense Change Request Guide)

Advantage Pak A042
Profile P042
Bottle Only B042
Unit Dose Only U042
Emergency/Partial Profile E042

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Patient Safety Through Innovation

AGREEMENT FOR PHARMACEUTICAL SERVICES

Fax to: (251) 625-6502 OR (866) 478-7909

Attn: Admissions & Billing Departments

Facility: _____ Date: _____

Rx Advantage, Inc. has contracted with this facility to provide pharmaceuticals, drugs, and/or medical supplies on a 24-hour basis, and in accordance with all State and Federal regulations. Under these requirements, each resident has the right to purchase pharmaceuticals and medications, and to rent or purchase medical supplies and equipment, from the provider of his choice.

Authorization to Bill Third Party

MEDICAL INFORMATION AUTHORIZATION: I hereby authorize my hospital/physician to furnish an agent of Rx Advantage, Inc. with any and all records pertaining to my medical history, services rendered, or treatment.

ASSIGNMENT OF MEDICARE, MEDICAID, OR OTHER INSURANCE BENEFITS: I authorize direct payment to Rx Advantage, Inc. of any insurance benefits for products or services rendered by Rx Advantage, Inc. I also authorize any insurance company (ies) to furnish to an agent of Rx Advantage, Inc. any and all information pertaining to my insurance benefits and status of claims submitted by Rx Advantage, Inc. for services rendered. All forms of insurance must be provided at initiation of service, if not then the responsible party assumes full responsibility of payment for all services rendered by Rx Advantage, Inc. and filing for any reimbursement claims from the insurance company. Rx Advantage, Inc. will provide a printed statement for filing with insurance for reimbursement upon request.

Name of Insurance Company (Include Copy of Card-Front & Back): _____ ID #: _____ GRP# _____

Please Indicate Desired Service by Initialing

Yes - I choose to use Rx Advantage, Inc. for all pharmaceuticals, medications, medical supplies and/or equipment, referred herein as supplies, including nutrition supplied by tube feeding.

- A. TERMS OF AGREEMENT AND MEDICAL CONSENT: I understand that by signing this agreement, I authorize Rx Advantage, Inc. to provide products or services to me. I also understand that I am under the supervision of my attending physician and Rx Advantage, Inc. is not liable for any act or omission when following the instruction of said physician.
B. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY: I recognize that all products provided to me by Rx Advantage, Inc. may not be covered, or that reimbursement may be less than 100 percent of charges billed, in accordance with my insurance policy coverage. Therefore, I acknowledge financial responsibility for any balance unpaid by a third-payer, owing on my account. In the event such balance is not paid in full within 30 days of statement, I understand that a past due interest fee will be enforced (Fee limited by Florida State Law). Accounts over 90 days are sent to collections and services are stopped.
C. PAYMENT OPTIONS: Rx Advantage, Inc. accepts personal checks, credit cards (Visa, MasterCard, and Discover) and offers Preauthorized ACH Debit service for your convenience. A separate form must be completed for credit card and ACH Debit service options.

No - I choose to use another pharmacy provider. I understand this provider must comply with all applicable federal, state, and local laws and regulations pertaining to providing medications to a resident of a long term care facility. This provider must have the capabilities of providing 24-hour and emergency service.

EMERGENCY PROVIDER - I choose to use another pharmacy provider as my primary provider, but I authorize Rx Advantage, Inc. to provide products or services to me in the event that my primary provider cannot provide services in a timely manner as determined by the facility. I understand by choosing Rx Advantage, Inc. as an emergency provider I agree with all terms and conditions listed above. There will be a \$25 Administrative fee plus cost of delivery.

Resident/Responsible Party Information (Please Print)

Resident's Name (Printed): _____
Resident's SSN: _____ DOB: _____ Sex: _____
Responsible Party's Name: _____
Please Include a Copy of the Power of Attorney if applicable
Responsible Party's Phone Number (Day): _____ Alternate Phone Number(s): _____
Responsible Party's Agent's E-Mail: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

X _____ X _____
Signature of Resident Signature of Resident's Responsible Party

* If unable to incorporate a signature, please state reason:

7101 Highway 90, Suite 300 • Daphne, Alabama 36526

Phone (251) 625-6100 • Toll Free (877) 770-7923 • Fax (251) 625-6502 • Toll Free Fax (866) 478-7909

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