



Dear Patient,

Welcome to MAXOR SPECIALTY. 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.

The staff at MAXOR SPECIALTY understands that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to help you achieve the most benefit from your therapy including:

- Access to clinically-trained personnel 24 hours a day, 7 days a week
 - Coordination of prior authorization with your insurance company
 - Compliance monitoring
 - Free mailing of medication
 - Training, education and counseling
 - Refill reminders
 - Enrollment in the Patient Management Program.
- 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.

**Our business hours are:
Monday-Friday 8AM to 5PM, Central Standard Time**

Phone: (866)629-6779

**After business hours this number is answered by our answering service.
The on call staff are available after hours if needed.**

Fax: (866)217-8034

Email: maxorspecialty@maxor.com

Address: 216 S. Polk Street • Amarillo, Texas 79101

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.

Sincerely,

The MAXOR SPECIALTY Team

What to expect:

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

You can expect:

- ✓ **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 you may have.
- ✓ **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 are 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 five to seven days 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. We are always here to answer any questions or address any concerns you may have.
- ✓ **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.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

MAXOR SPECIALTY recognizes that patients have inherent rights.

Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the Director of Pharmacy.

Patients and their families also have responsibilities while under the care of MAXOR SPECIALTY in order to facilitate the provision of safe, high-quality health care for themselves and others.

The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

PATIENT RIGHTS & RESPONSIBILITIES

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

- To select those who provide you with pharmacy services
- 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
- 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
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs.
- 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
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- 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
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall
- 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
- To receive information on how to access support from consumer advocates groups
- To receive pharmacy health and safety information to include consumers rights and responsibilities
- To know about philosophy and characteristics of the patient management program

- 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
- To speak to a healthcare professional
- To receive information about the patient management program
- To receive administrative information regarding changes in or termination of the patient management program
- To decline participation, revoke consent or dis-enroll at any point in time
- 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
- 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
- To receive information about the scope of services that the organization will provide and specific limitations on those services
- To participate in the development and periodic revision of the plan of care
- To refuse care or treatment after the consequences of refusing care or treatment are fully presented
- To be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- To have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- To be able to identify visiting personnel members through proper identification
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- 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
- To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- To be advised on agency's policies and procedures regarding the disclosure of clinical records
- To choose a health care provider, including choosing an attending physician, if applicable
- To receive appropriate care without discrimination in accordance with physician orders, if applicable
- To be informed of any financial benefits when referred to an organization
- To be fully informed of one's responsibilities

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services

- To respect the rights of pharmacy personnel
- To notify your Physician and the Pharmacy with any potential side effects and/or complications
- To notify MAXOR SPECIALTY via telephone when medication supply is running low so refill maybe shipped to you promptly
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the patient management program of changes in this information
- To notify their treating provider of their participation in the patient management program, if applicable

If you have questions, concerns or issues that require assistance, please call us. Complaints will be forwarded to management and you will receive a response within 5 business days.

Additional Information

- Adverse Effects to Medication
 - If you are experiencing adverse effects to the medication please contact your physician or MAXOR SPECIALTY staff.

- 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.

- Patient Education Resources
 - <http://www.maxor.com/specialty/members>

- Complaints
 - Patients and caregivers have the right to voice complaints and/or recommendations on services to MAXOR SPECIALTY. Patients and caregivers can do so by phone, fax, writing, or email.
 - Texas State Board of Pharmacy
 - Website: <https://www.pharmacy.texas.gov/consumer/complaint.asp>
 - Telephone: (800) 821-3205 Option 5
 - 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.
 - 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

- Proper Disposal of Unused Medications
 - For instructions on how to properly dispose of unused medications please contact MAXOR SPECIALTY 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/ensuring-safe-use-of-medicine/safe-disposal-of-medicines/ucm186187.htm>

EMERGENCY & DISASTER PREPAREDNESS PLAN

MAXOR SPECIALTY 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, 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, MAXOR SPECIALTY will contact you prior to any anticipated problems the city may encounter. However if there is a threat of disaster or inclement of weather in an area you reside which is outside of the Texas area 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 will utilize every resource available to continue to service you. However, there may be circumstances where MAXOR SPECIALTY 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. 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 such as a snowstorm utilizing the weather updates as point of reference
 - a. If you are not in the Texas area and are aware you will be experiencing inclement weather you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier 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 specialty pharmacy so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency phone number. 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 aide you.

HOME SAFETY INFORMATION

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 15 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 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

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

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

ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received the MAXOR SPECIALTY Welcome Packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to or dropped off at:

MAXOR SPECIALTY

216 S. Polk Street • Amarillo, Texas 79101

I confirm that I have received MAXOR SPECIALTY Welcome Packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Financial Obligation and Complaint Process.

Name (Please Print) _____

Signature _____

Billing Address _____

City, State, Zip _____

Phone # _____

Date _____

Thank you for choosing MAXOR SPECIALTY to service all of your pharmacy needs.