



Patient Welcome Packet

Dear Patient,

Welcome to Uropartners Dispensary!

We appreciate the opportunity to serve you in our In-Office Dispensary. Our program is designed to provide patient care that integrated with your physician. We will work collaboratively to make sure you will have continued access to specialty medications for your medical condition.

Our Contact Information

<u>Address:</u>	<u>Hours of Operation:</u>	<u>Contact Number:</u>
Uropartners Dispensary	Monday to Friday	(Ph.) 855-579-0020
2600 Patriot Blvd, Unit-J	8am to 4pm CST	(fax) 224-260-3144
Glenview, IL – 60026		

www.uropartners.com

Contact Us

If you have any questions or concerns regarding your medication(s), please contact us at (855)579-0020

If you believe you have a medical emergency, please call 911

When to Contact Us

To help us provide you with the highest quality care, please contact us if:

- You have any questions or concerns about your medication
- You experience an allergic reaction to or side effect from your medication
- There is a change in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- You need to check the status of your medication or delivery

We look forward to providing you with the best service possible. If you have any questions or comments, please call us at 855-579-0020 and talk to one of our pharmacy technicians. Thank you for choosing us as your specialty dispensary.

A licensed Physician is available:

During normal business hours as well as after hours through answering services to address any clinical questions or concerns about your medication.

Holidays

Uropartners Dispensary is close in observance of the following holidays:

- New Year's Day (January 1)
- Memorial Day (the last Monday in May)
- Independence Day (July 4)
- Labor Day (the first Monday in September)
- Thanksgiving (the fourth Thursday in November)
- Day After Thanksgiving Day (the forth Friday in November)
- Christmas (December 25)

Emergency and disaster information

If there is a disaster or other emergency in your area and you cannot stay at home, please call us at (855)579-0020 and tell us where to deliver your medication. It is important that you continue to take your medication as your physician prescribes. So be sure to tell us where you are staying and when you get back home.



Specialty Medication and Services

Eligibility / Insurance

- **Reimbursement Assistance:** Uropartners Dispensary will work with your physician and your prescription insurance company to help with the prior authorization process that is often required by many plans for coverage of specialty medications. This process may often take a few business days to complete. Our specialty pharmacy team will ensure that you and the prescriber are informed of each step of the process.
- **Appeals:** If your prescription plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may have the right to file an appeal with your health plan. Contact your prescription health plan for more information.
- **Financial Assistance:** If you do not have prescription drug coverage or if you cannot afford your copay amount, our dispensary team member will work with you to find assistance for paying for your medication. Uropartners Dispensary works directly with a number of foundations and manufacturer programs that provide financial assistance for all the medications dispensed at Uropartners Dispensary.

Payments

Uropartners will bill your insurance company for the cost of your medication. But you might have to pay for some of the cost. This is called a “co-payment.” You are expected to make your co-payment when you order your medicine from us, or when we refill it for you. We will tell you exactly how much your insurance company will pay. We will also tell you how much you pay us. Please contact us if you do not understand these costs and want more details on your claims-related information.

If you disagree with your insurance company about how much you pay, we will help you solve the problem. If you owe us money for your medication, it must be paid before we give you a refill. We accept Visa, MasterCard, American Express and Discover credit cards.



Delivery of your Specialty Medications

Your medication is shipped through Fed-Ex shipping service to your home or your Urologists office via priority overnight.

Refills

One of our Pharmacy Technicians will contact you before your medication runs out to check on your progress and send you refills. Call our dispensary at (855)579-0020 during our normal office hours five days before you run out of your medication. If you are planning on going on vacation let us know at least 5 days before you leave to ensure we order, process, and ship your medication to you before your trip. If you would like to check on your prescription order status, if you have questions, and/or need help with medications feel free to give us a call.

Returned goods policy

It is against the law to re-sell or share prescription drugs that have been given to you. If something seems to be wrong with what you have gotten from Uropartners Dispensary, tell us about it. We will try to replace it at no charge.

Drug recalls/ Unacceptable Medications

Sometimes drugs are taken back from you because they are defective. This is known as a "recall." Uropartners dispensary will contact you, your doctor and insurance company if there is an emergency recall. For less important recalls, Uropartners Dispensary will contact your doctor or health-plan manager. If you suspect that your medication has been tampered or is not safe to take with, please call us or consult your physician. If deemed unsafe the pharmacist will instruct you on what to do with your medication and how to dispose of it.



Complaints/Grievances

Please tell us if you are not happy with our services. Our dispensary phone number is (855)579-0020. Or call our corporate office at **(630) UROLOGY** to file a grievance. Or send us a written complaint through the regular mail.

Here is a copy of the form

Patient Compliant Form

Your name:

Phone number:

Your house number and street name:

City:

State:

Zip Code:

E-mail address:

Date:

Summary of the situation:

Employee involved (if applicable):

Nature of problem:



Mail this form to:

Director of Uropartners Dispensary

2600 Patriot Blvd, Unit J

Glenview, IL 60026

Rights and Responsibilities

As a patient of Uropartners Dispensary, you have certain rights and responsibilities. The statement of Client/Patient Rights and Responsibilities includes, but is not limited to

Patient's Rights:

- Be 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
- Participate in the development and periodic revision of the plan of care
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician*, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders
- Be informed of any financial benefits when referred to an organization
- The right to request confidential communication
- The right to receive a copy of privacy notice
- The right to know about philosophy and characteristics of the patient management program
- The right to have personal health information shared with the patient management program only in accordance with state and federal law
- The right to identify the program's staff members, including their job title, and to speak with a staff member's manager if requested
- The right to speak to a health professional
- The right to receive information about the patient management program
- The right to receive administrative information regarding changes in, or termination of, the patient management program
- The right to decline participation, revoke consent, or dis-enroll at any point in time



Patient's Responsibilities:

- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes
- The responsibility to notify their treating provider of their participation in the patient management program, if applicable.
- Client/patient notifies the organization of any concerns about the care or services provided

Disclosure and Confidentiality

One of our top priorities is protecting your privacy. We promise to keep private information provided by your doctor or health-care provider. We will provide services that your health-plan administrator approves. We will also give you helpful information about our services as requested.

- You can also get a copy of Private Practices and HIPAA at our website www.uropartners.com

