Moye's Long Term Care Pharmacy
106A Rock Quarry Road, Stockbridge, GA 30281
Phone (770) 507-1559 FAX (770) 692-8247

The Independent or Assisted Living community that you are considering uses Moye's Long Term Care Pharmacy to provide pharmacy services for their residents. We ask that you take a few moments to read through the following information and complete the ***Pharmacy Services Agreement*** form and the ***Current Medications*** form. Your physician will need to write new prescriptions for Moye's Pharmacy, or we can transfer your existing prescriptions from another pharmacy. The forms and prescriptions will need to be available to us at least ***3 days prior to your move in date.***

Moye's Long Term Care Pharmacy has been providing specialized pharmacy services to Assisted Living facilities for almost two decades. Throughout our history we have been guided by the principle of providing outstanding service to our customers. We make that same commitment to you.

Our pharmacists and staff offer high quality, reliable pharmacy care. We check and double check each prescription for accuracy, drug interactions and known patient drug allergies. We utilize the Medicine-on-Time (MOT) packaging system to ensure medications are taken appropriately (right person, right medication, right dose, right time). This packaging system simplifies the medication administration process for you and the employees who will assist you at your facility.

Many medical problems result from not taking medications properly. Ongoing clinical review of your medications by our pharmacists, combined with our MOT packaging system, improves compliance, dramatically reduces errors and improves your health.

We can also provide home medical equipment (walkers, wheelchairs, etc.) and supplies, over the counter medications and a wide array of products stocked in our retail pharmacy. All can be ordered and delivered through our Assisted Living Pharmacy. If you purchase medical equipment from us, you may see some purchases billed through Mobility Warehouse. Mobility Warehouse is a sister company of Moye's Pharmacy that specializes in medical equipment and supplies.

We participate in <u>most</u> prescription insurance plans and offer competitive pricing to those who do not have insurance.

www.moyespharmacy.com

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Pharmacy Services Agreement

Resident Name: _____ M/F: _____ DOB: _____

Facility/Room #: _____Move in Date: _____

We will establish a personal charge account for each resident to collect payment for services provided by Moye's. A billing statement will be issued every month. Please provide the following information & sign below (including co-guarantor) to avoid delays in service.

Billing Information (to be completed by person responsible for payment)**:**

Name _____ Social Security # _____

Address _____

City, State _____ Zip Code _____

Personal Phone _____ Work Phone _____ Email _____

Moye's will supply medications and supplies as ordered by the resident's physician, the facility or the resident. We will bill your prescription insurance and charge you the copay amount, as would occur at any retail pharmacy. Any items not covered by insurance will be charged at competitive market rates. In addition, you will be charged a packaging fee of $25.00 per month ($45.00 monthly for mail order pharmacy patients). The packaging fee covers the additional labor and supplies required to prepare and deliver your medications in Medicine-on-Time (MOT) packaging. We will also furnish your home with a personal Medication Administration Record (MAR) that enables your caregivers to record the date and time of each dose of medication you take.

All individuals signing this agreement agree that Moye's may conduct credit checks or other investigations to determine creditworthiness of responsible parties without additional notice to resident or other responsible parties. Resident assumes full responsibility for all goods purchased from Moye's on his/her behalf and acknowledges resident shall be held liable for all charges.

In the event resident is not able to make payment on the account for any reason, the co-guarantor will be personally responsible for all outstanding balances. Interest will be charged at 1.82% per month (21.95% APR) on all charges not paid in full upon receipt. If any charges remain past due for more than 60 days, we will place your account on credit hold and suspend medication delivery until payment is made in full. Please contact our billing department (770-474-7693, ext. 136) to avoid any interruption in service.

Your signature below authorizes employees of Moye's to obtain pertinent medical information or other information necessary to provide services described herein. You also acknowledge receipt of Moye's Privacy Notice, included in this packet.

MOT packaging is not child resistant. Your signature on this page waives your right to receive prescriptions in child resistant packaging.

Residents with medications provided by a mail order pharmacy must also sign a "Re-packing Waiver of Liability".

Customer represents and warrants that each person signing this Agreement is duly authorized to execute and deliver this agreement.

Signature:_____ Date _____
Resident

Signature:_____ _____ _____
Co-guarantor - **SIGNATURE REQUIRED** Social Security # of Co-guarantor Date of Birth

Current Medications

Please write all medications (prescription and nonprescription) currently being taken by the patient, including directions. Also record any known medication allergies. **This medication list cannot be used as prescriptions!**

Resident Name: _____ Facility: _____ Date _____

Allergies: _____

Primary Physician: _____ Physician Office Phone: _____

Medication: _____ Strength: _____

Directions: _____ Dosing Times: _____

Medication: _____ Strength: _____

Directions: _____ Dosing Times: _____

Medication: _____ Strength: _____

Directions: _____ Dosing Times: _____

Medication: _____ Strength: _____

Directions: _____ Dosing Times: _____

Medication: _____ Strength: _____

Directions: _____ Dosing Times: _____

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Re-packing Waiver of Liability

Resident Name: _____ Facility/Room # _____

I understand I am requesting Moye's Pharmacy re-package my medications, filled at another pharmacy, from their original containers into specialized packaging required by my long term care facility. I realize Moye's cannot verify the accuracy of medications, doses and directions for use on any prescription filled by another pharmacy. I thereby hold Moye's harmless and take full responsibility for any errors that might have been made when the prescription was originally filled.

I also understand Moye's must use the directions on the original prescription bottle when re-packing medications. A new prescription must be filled for any changes in directions to an existing prescription.

All medications to be repackaged must be available to Moye's at least five (5) days prior to the beginning of a new 28-day medication cycle. If medications are not available for re-packing, Moye's will fill prescriptions from their inventory in the quantity necessary to complete the next cycle. I understand I will be charged for any medications Moye's must supply to insure medication therapy is not interrupted.

I agree to pay a monthly re-packing fee of $45 per month to cover the costs of receiving, storing and re-packing any medications received from another pharmacy for my use. I also agree to be responsible for ordering and supplying all medications to be re-packaged by Moye's.

I understand and agree to all terms;

Resident Signature: _____ Date: _____

Co-guarantor Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Contact Person to Replenish Medications: _____ Phone #: _____

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CHECK LIST FOR MOVE-IN

_____ (1) Fill out and FAX or mail us the **Pharmacy Services Agreement** form **(**be sure to fill in co-guarantor's name, address and signature) and **Current Medications** form (include any known medication allergies.)

_____ (2) FAX or mail us a copy of the Responsible Party's Driver's License

_____ (3) FAX or mail us a copy of your prescription insurance card (front and back.) Please make sure this is your prescription insurance card and not your major medical card. Do this even if your prescriptions are filled by a Mail Order Pharmacy.

_____ (4) Have your doctor write new prescriptions for all of your medications (or call them in to our pharmacy at 770-507-1559) and/or provide us with the contact information for the pharmacy which holds your existing prescriptions. Give any original prescriptions to the coordinator at your facility and ask them to FAX them to Moye's (770-692-8247).

_____ (5) If prescription medications are provided by a mail order pharmacy, FAX or mail us a signed copy of the **Re-packing Waiver of Liability** form.

All required information must be received by our pharmacy at least 3 days prior to your move-in date to avoid any interruption in your medication therapies.

Thank you for choosing Moye's as your pharmacy care provider.