



Dear Patient,

Welcome to Arrow Pharmacy. We are excited about the opportunity to serve you for your pharmacy needs.

The staff understands that your medical needs may be complex and requires special knowledge when collaborating with your medical provider and insurance company. We provide you with the personal service necessary to ensure that you achieve the most benefit from your therapy. 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. Specialty patients will be auto-enrolled in the Patient Management Program. The program provides patients with training, education and counseling.

### **Collaboration with your Doctor**

- We work directly with your doctors and caregivers and are here to make sure any difficulties you may be having with your treatment are addressed immediately with your doctors. We will also provide coordination of prior authorization with your insurance company.

### **Regular follow-up**

- Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment, provide refill reminders and will be your healthcare advocate.

### **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 prescription and medical insurance benefits. Coordination of prior authorization with your insurance company

### **Delivery**

- We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you 5 - 7 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.
- Clinically-trained personnel are available 24 hours a day, 7 days a week, including holidays and weekends. We are always here to answer any questions or address any concerns you may have.

Our pharmacy is located at 883 9th Ave, New York, NY 10019

Our business hours are: Monday-Friday 9:00am-7:00pm

Saturday: 9:00am-5:00pm Sunday: Closed

Phone: (212) 245-8469

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing Arrow Pharmacy.

Sincerely,

The Arrow Pharmacy Team

## PATIENT BILL OF RIGHTS AND 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 own plan of care.

### As a patient, you have the right to:

- To receive information about product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered
- 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 information on how to access support from consumer advocates groups
- To receive information to assist in interactions with the organization
- To receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another.
- To Receive pharmacy health and safety information to include consumers rights and responsibilities
- To know the philosophy and characteristics of the *patient management* program
- 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 supervisor if requested
- The right to speak to a health professional
- The right to receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary.
- To receive information about the *patient management* program
- To receive administrative information regarding changes in or termination from the *patient management* program
- To decline participation, revoke consent or disenroll from the patient management program at any point in time

### As our patient, you have the Responsibility

- To notify your Physician and the Pharmacy of any potential side effects and/or complications
- 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

## IMPORTANT INFORMATION

### ➤ **Patient Management Program**

- As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program.
- The Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy.
- Limitations of the program can be self-reporting, and participation.
- All Specialty Patients are auto-enrolled in the Patient Management Program. If you wish to opt out of the program, please call and speak to our pharmacy staff.

### ➤ **Co-Pay Assistance and Payment**

- 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, annual and lifetime co-insurance limits and changes that occur during your enrollment period.
- This co-payment is due at the time of shipping or pickup. We accept Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment.
- We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

### ➤ **Insurance Claims**

- We 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, as necessary, so that we can work together to resolve the issue. There may be financial obligations if your health benefit plan is an out of network pharmacy, if that happens the organization will provide notice of this in writing.

### ➤ **Refills**

- You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a medication access coordinator or pharmacist to process your refill requests. If needed, we will assist you with a process to refill a prescription which would otherwise be limited by your prescription benefit plan.

### ➤ **Prescription Transfers**

- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. Please call us.

### ➤ **Adverse Drug Reactions**

- If you are experiencing adverse effects to the medication, please contact your doctor and the Pharmacy as soon as possible

➤ **Drug Substitution Protocols**

- Our Pharmacy will always use the most cost-efficient option for you. 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. When available, our pharmacy will default to generic to save you money. We will use brand name medication at your or your prescriber's request.

➤ **Proper Disposal of Sharps**

- Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

➤ **Proper Disposal of Unused Medications**

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

[RXdrugdropbox.org](http://RXdrugdropbox.org)

➤ **Drug Recalls**

- If your medication is recalled, the specialty pharmacy will contact you, with further instructions, as directed by the FDA or drug manufacturer.

➤ **Emergency Disaster Information**

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

➤ **Concerns or Suspected Errors**

- We want you to be completely satisfied with the care we provide. If you or your caregiver have any issues, please contact us directly and speak to one of our staff members. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern within 5 business days.

- URAC Complaint Info

- Website: <https://www.urac.org/complaint/>

- Email Address: [grievances@urac.org](mailto:grievances@urac.org)

- New York State Board of Pharmacy

- Website: <http://www.op.nysed.gov/prof/pharm/>

## **Emergency & Disaster Preparedness Plan**

Arrow Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, hurricanes, 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, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
  - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster 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 suspected 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 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 aid you.

### **Hand Washing**

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:

- Cough
- Sneeze
- Blowing your nose
- Before you eat
- Touch any blood or body fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

#### **Here's how you should clean your hands with soap and water:**

- Wet your hands and wrists with warm water.
- Use 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. Throw the paper towel away.

#### **Here's 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. Cover all surfaces of your hands and fingers until they are dry

## **Home Safety Information**

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits.

### **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. Know the side effects of the medication you are taking.
- ✓ Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

### **Mobility Items**

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra caution to prevent slips and falls.

- Avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the locked position when standing up or before sitting down
- Wear shoes when using these items and be try to avoid obstacles, soft and uneven surfaces.

### **Slips and Fall**

Slip 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
- 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.
- Install good lighting

### **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 prior to carrying 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.
- Do not overload outlets with too many plugs.

## **Smell Gas?**

- Open windows and doors.
- Shut off appliance involved
- 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. Look 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. 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.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first
- 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. Signal help from the window.



***ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION***

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

Arrow Pharmacy  
883 9th Ave, New York, NY 10019  
Monday-Friday 9:00am-7:00pm  
Saturday: 9:00am-5:00pm Sunday: Closed  
Phone: (212) 245-8469

I confirm that I have received Arrow Pharmacy's 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 Arrow Pharmacy to service all of your pharmacy needs.