



New Resident Admission Forms:

- 1) **Welcome Letter to resident/responsible party** - A letter to be included with admission paperwork for your resident or resident's responsible party as an introduction to Good Day Pharmacy.
- 2) **Pharmacy Agreement form** - Required before Good Day can start filling medications. Please verify it is completed in-full before sending. If an individual has Medicare, then they also must have a Medicare Part D Prescription Drug Plan card, or they may have no prescription drug coverage. As new residents are slated to move in, please send us this document as soon as possible, even prior to their admission date.
- 3) **Notice of Privacy Practices** - For your information and to share with the responsible parties.
- 4) **Direct Payment / ACH Authorization form** - This is an *optional* payment form that authorizes withdrawals from a checking account or a credit/debit card. ACH can be started at any time, not only at admission and doesn't impact billing. Also, there is no cost. Without this form, a statement will be sent to the responsible party each month so just to repeat - it's *optional*.
Payment may also be made online at GOODDAYPHARMACY.com/make-a-payment

Physician Communication form:

- 5) **Physician Fax Coversheet** – For use when a med list needs a signature prior to Good Day being able to supply medications. Please include refill authorization verbiage on all documents so the physician signature authorizes more than a one-time fill.

Pharmacy Communication forms:

- 6) **Resident Fax Sheet** – To be used when a community doesn't have a Face Sheet of information to supply Good Day with specific resident info.
- 7) **Change Resident Fax Sheet** – To be used to send Good Day any changes to the resident's condition or location. This document is quite important, especially if the community receives cycled medications as it alerts the Good Day team to hold cycled medications, for example, when a resident is out of the community.
- 8) **Cycle discrepancy Form** – If your community cycles routine medications, this form is to be used to document discrepancies within the cycle delivery. Cycled meds need to be checked in within the first 48 hours of delivery and this form then sent to the pharmacy. Good Day can then address each issue and coordinate medication deliveries necessary before the cycle start date.
- 9) **Barcode Refill Fax Form** – For ordering refills with barcode stickers from yellow labels. Please remember to order refills a full 5 days prior to running out.
- 10) **Refill Fax Form** – For ordering refills when a barcode sticker isn't available. Please include as much information as possible. Also, this form can be used to order a cycled medication that has gotten "off-sync" due to a pill or two being dropped or spit out. Feel free to "over-communicate" with notes, so the Good Day team can fully process your requests.

Good Day Pharmacy Informational Documents:

- 11) **Procedure Manual** – Packet of basic information regarding Good Day services. For more detailed information, please call me or the pharmacy with questions.

Thank you!

Good Day Pharmacy Team