

**PATIENT WELCOME PACKET**

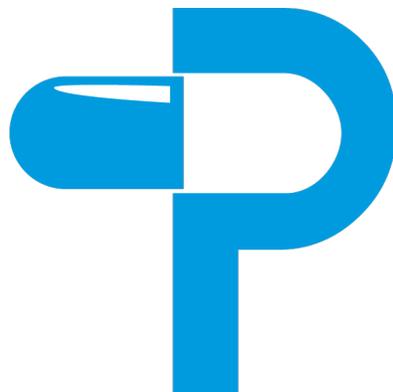
**Prescription Mart  
Pharmacy**

**Hours**

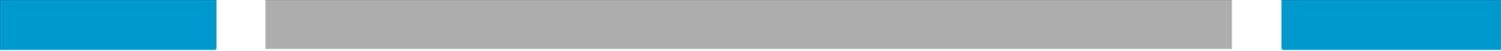
Monday-Friday 7am-7pm (CT)

Saturday 8am-5pm (CT)

**[www.prescriptionmartpharmacy.com](http://www.prescriptionmartpharmacy.com)**



**PRESCRIPTIONMART**



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# Contact and Hours of Operation

**Physical Address:** 4144 Dowlen Rd, Beaumont TX 77706

**Mailing Address:** PO Box 12607, Beaumont TX 77726

**Phone:** 800.713.1230

**Fax:** 409.866.1317

**Website:** [www.prescriptionmartpharmacy.com](http://www.prescriptionmartpharmacy.com)

**Email:** [info@presmartinc.com](mailto:info@presmartinc.com)

**Hours of Operation**      Monday-Friday 7am-7pm (CT)

   Saturday 8am-5pm (CT)

## **Need to Speak with a Licensed Pharmacist / Professional**

During regular hours of operation: 800.713.1230

## **Non-English Speaker**

Our on-site bilingual staff and Language Translation Services have you covered.

## **We are closed on following Holidays**

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

# Welcome to Prescription Mart Pharmacy

At Prescription Mart Pharmacy, providing personalized care to our patients is a top priority. We understand that dealing with your medical conditions can be stressful, which is why we do more than just fill prescriptions.

## Prescription Mart Pharmacy offers these benefits to patients:

- Work with your physician to monitor your medications and assist in your care plan.
- Work with you one-on-one to ensure you can take your medication as prescribed by your physician. We will talk to you about your medication, the importance of medication compliance, possible interactions, and explain potential side effects and results of a change in treatment.
- Education and awareness of the disease and how to manage it.
- Contact you when refills are due, so your medication is ready when you need it.
- Fill all your prescription medications, consolidating them for convenient free delivery.
- Work with your insurance company to sort out prior authorization and billing issues so you don't have to.
- Working together as a care team will allow us to make sure you receive the communication you need to comply with your therapy and achieve the best possible outcomes from your therapy.

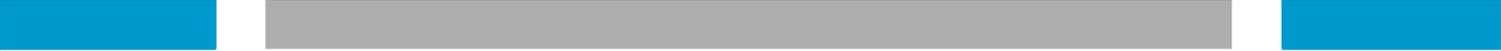
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## Our Vision

Prescription Mart strives to provide customized clinical care to each patient and a personal touch to prescription delivery to create relationships that lead to better health.

## Our Mission

Prescription Mart is dedicated to serving our patients' home delivery prescription needs for specialty and maintenance medication therapy. Using a patient-centric focus and evolving technologies, we work to reduce obstacles and improve convenience in delivering custom clinical care using automation and thoughtfully crafted workflows.



# Prescription Mart Pharmacy

## Core Values

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### **Integrity**

Our ethics run deep. We say what we mean and do what we say. We communicate openly, honestly, and operate with transparency.

### **Compassion**

We understand and appreciate the emotional and physical needs of all our patients and team members. We care in a BIG way.

### **Dedication**

We are committed to results. By evaluating performance and continuously improving, we desire to be better in all that we do.

### **Collaboration**

We work together, pursuing excellence because our patients deserve no less than our best. We work cooperatively to make the lives of our patients better.

### **Resourcefulness**

We devise unique solutions to the challenges our patients face. Imagination is part of who we are.

# Patient Resources

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## What is Covered?

Our pharmacy covers most drugs, which by federal law requires a doctor's prescription, and is covered by your prescription benefit program. If your prescription benefit plan does not cover the prescription prescribed to our pharmacy by your doctor, we will contact your prescriber with an alternate formulation recommendation or contact you directly to discuss financial arrangements.

## Financial Obligation and Financial Assistance

Before your prescription is processed, you will be informed of your financial obligations that may not be covered by your insurance or other third-party sources. The obligations include but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, annual and lifetime co-insurance limits.

Payments are made by credit card/debit card over the phone and by check or money order through the mail.

## Refilling Your Prescriptions

There are multiple ways to order prescriptions from Prescription Mart Pharmacy.

Online: Log on to [www.prescriptionmartpharmacy.com](http://www.prescriptionmartpharmacy.com) to order refills and download forms.

Mail: Print an order form from our website and mail it to PO Box 12607, Beaumont, TX 77726.

Phone: Call us at 800.713.1230 with your prescription number and payment information.

## Shipping Charges

In most cases, shipping is free. Should you want your prescription sooner or have special handling needs, there may be a charge.

## **Prescription Transfers**

If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy at your request.

Please call us if you would like to receive your medications from another pharmacy.

## **Proper Disposal of Sharps**

Place all needles, syringes, and other sharp objects into a sharps container or alternate container as recommended by the FDA. We suggest an empty laundry detergent container if the manufacturer does not have a sharps disposal program.

## **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>

## **Drug Recalls**

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

## **Accessing Medications During an Emergency or Disaster**

In the event of an emergency or disaster in your area, please contact our pharmacy to instruct us on how to help you with your medication(s).

If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.

# Patient Bill of Rights and Responsibilities

Patients of Prescription Mart Pharmacy have the right to:

1. Be fully informed in advance about services/care to be provided.
2. Be treated with dignity, courtesy, and respect as a unique individual.
3. Be able to identify and or ask any company representatives for their name and job title, speak with a pharmacist if requested, and to speak with a manager or supervisor.
4. Choose a healthcare provider.
5. Receive information about the scope of care/services that are provided by the company as well as any limitations to the company's care/service capabilities.
6. Receive, upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
7. Coordination and continuity of services from the company, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
8. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
9. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
10. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
11. Receive information regarding your order status. Patients or caregivers can call Prescription Mart Pharmacy at **800.713.1230** and speak with a pharmacy employee.
12. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
13. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts) and to only have patient information shared in accordance with the law.

14. If desired, to be referred to other health care providers within an external health care system (ex. dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
15. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law, and as specified in the company's policies and procedures.
16. Express dissatisfaction/concerns/complaints for lack of respect, treatment, or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call the Company, ask for an employee's name, job title, and/or speak with an employee's supervisor, pharmacist, pharmacy manager or Director of Clinical Services.
17. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
18. Be informed of any financial relationships of the pharmacy.
19. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co-pay and patient assistance programs, or health plan programs.
20. Be advised of pharmacy number, for after hours as well as normal business hours:  
Prescription Mart Pharmacy: **800.713.1230**  
Monday through Friday: 7 AM to 6 PM CST; Saturday: 8 AM to 1 PM CST
21. Be advised of any change in the plan of service before the change is made.
22. Participate in the development and periodic revision of the plan of care/service.
23. Receive information in a manner, format and/or language that you understand.
24. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
25. Be fully informed of your responsibilities.
26. Have the right to decline participation, revoke consent or disenrollment in any services at any point in time.
27. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
28. Be informed of patient's rights under state law to formulate an Advanced Directive, if applicable.

**Patients have the Responsibility to:**

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your use of Prescription Mart Pharmacy.
2. Adhere to company policies and procedures.
3. Submit any forms necessary to participate in the pharmacy, to the extent required by law.
4. Agree to contact our office at least 7 – 10 days prior to needing your medication refill.
5. Participate in the development of an effective plan of care/treatment/services.
6. Ask questions about your care, treatment, and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with the company during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.

# Privacy Policy

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**Prescription Mart Pharmacy** provide patients the privacy notice (in paper or electronically as the patient wishes) of our legal duties and privacy practices concerning their Protected Health Information, and to tell our patients about their rights under Health Insurance Portability and Accountability Act (HIPAA).

## **Patient's Rights:**

- Receive a copy of HIPPA notice.
- Request confidential communication.
- Receive a copy of your medical record.
- Correct your medical record.
- Limit the information we share.
- Receive a list of those with whom we have shared your information.
- Choose someone to act for you.
- File a complaint if you feel your rights are violated.

## **Prescription Mart Pharmacy's Disclosure to use your information:**

- Bill your medical coverage provider.
- Communicate with your health care providers.
- All our phone calls are recorded for training and quality purposes and in compliance with the law.
- For public health and safety.
- As requested by workers' compensation, law enforcement, and other government authorities.
- In case of lawsuits and legal actions.

**Thank you for choosing us to  
provide you with custom care.**

Please feel free to contact us with questions  
and concerns regarding your prescriptions.

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## **Prescription Mart Pharmacy**

**Phone:** 800.713.1230

**Email:** [info@presmartinc.com](mailto:info@presmartinc.com)

**Website:** [www.prescriptionmartpharmacy.com](http://www.prescriptionmartpharmacy.com)



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