



Dear Valued Customer,

Thank you for your interest in the MiPak Adherence Packaging Service offered by Minnich's Pharmacy. Our goal is to make medication adherence simpler for you or your loved ones. MiPak is an ideal solution for those who take multiple medications and require a medication dosing schedule.

Each 28-day MiPak cycle includes all routine medications, which are organized into individual perforated packets according to the proper dosage and time of day for each medication. Your first cycle of MiPak will come with a reusable box in which to store your roll pack. We will supply a new roll of packets with each cycle. This start-up packet contains further instructions on the use of your MiPak.

As you get started with MiPak, the following are a few key things to remember:

- **Make sure to bring your MiPak packaging to your doctor's appointments, as it contains an up-to-date list of your current medications (on the last pack in the roll).**
- **Make sure that you or your doctor notify us of any changes in your medications. At patient request, we can repack your medications for an additional fee, otherwise, changes will occur with your next cycle.**

We appreciate you trusting Minnich's Pharmacy to provide you and your family with our services. As a locally owned and independent pharmacy, it is always our top priority to advocate and care for the health of our community.

Please review and complete the forms included in this start-up packet and let us know if there is anything more that we can do to help you get started with MiPak.

Thank you,

Scott Miller,
President,
Minnich's Pharmacy





MiPak Adherence Packaging START-UP FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

Prescription Insurance Information

TYPE OF CARD: _____

ID#: _____ PCN #: _____

RX GROUP #: _____ BIN #: _____

Billing Address

SAME AS ABOVE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

Patient Information

PRIMARY CARE PHYSICIAN: _____

SPECIALIST PHYSICIANS (if any): _____

DELIVERY METHOD:
(check a box)

PICK-UP DELIVERY

Alternative Medication Packaging (check a box)

AS NEEDED MEDICATIONS: VIALS BUBBLE PACKAGE

WARFARIN / COUMADIN: VIALS BUBBLE PACKAGE

ANTIBIOTICS: VIALS BUBBLE PACKAGE



MiPak Instructions

Each patient will receive a 28-day supply of medications at a time. Each medication pack will be appropriately dated and timed for ease of use. Please use the pack with the correct date and time for each administration. Initial fills may be less than 28 days, as we will be working to align you with the packaging cycle.

Medication packs are perforated for ease of separation. To separate the packs by day and time, tear from the non-serrated side. This will prevent accidentally opening the packets. To open the medication packs, gently tear from the serrated side until the contents from the packets are available. Do not try to open the package from any other side as it will make opening much more difficult.

Please call the pharmacy if you have any questions.

MiPak Adherence Agreement

MiPak Adherence Packaging Service is provided upon the request of the patient or caregiver. This service is designed to ensure patients remain compliant with their medications. Medication adherence can prove beneficial for the health of the patient by reducing hospitalizations which can help reduce overall healthcare costs. MiPak can also alleviate the time-consuming burden of handling and sorting medications. The adherence packaging will be provided in 28-day increments. The patient/caregiver agrees to pay the monthly copays or costs of the medications associated with the packaging. Only solid oral routine medications will be packaged with this service. Narcotic, as needed, or short-term prescriptions will not be included. They will be supplied in separate vials or blister packaging depending on the patient/caregiver choice.

It is the patient/caregiver's responsibility to have their physician communicate any changes to a patient's medications. All changes will be made with the next cycle. If a repack of the current cycle is requested, it may be subject to a flat fee. The patient/caregiver of the pharmacy may stop this service at any time should a need arise, however the patient/caregiver are responsible for any remaining charges for the copays or medications. We look forward to providing the best pharmaceutical care we can.

PATIENT NAME: _____ PHONE #: _____

PATIENT SIGNATURE: _____ DATE: _____

CAREGIVER NAME: _____ PHONE #: _____

CAREGIVER SIGNATURE: _____ DATE: _____

Your Health Advocates.
976 S George St, York, PA 17403
Ph: 717.848.2312 • Fax: 717.854.9501
www.myminnichs.com