Dear Valued Customer,

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

Each 14-day SureMed cycle includes all routine medications, which are organized into blister packs according to the proper dosage and time of day for each medication. This start-up packet contains further instructions on the use of your SureMed pack.

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

- **Make sure to bring your SureMed pack to your doctor's appointments, as it contains an up-to-date list of your current medications (on the inside of pack).**

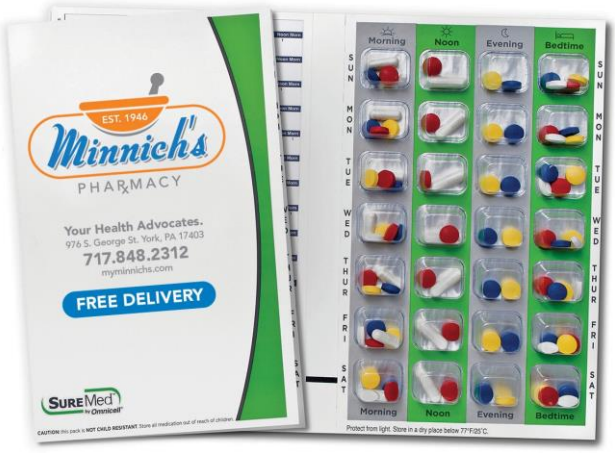
- **Make sure that you or your doctor notify us of any changes in your medications. For your convenience, included with the SureMed service, we will repackage any changes made in your medications as needed.**

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 priory to advocate and care for the health or 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 SureMed.

Thank you,

Deron Shultz,
CEO
Minnich's Pharmacy



SureMed 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

EST. 1946
Minnich's
PHARMACY

SureMed Instructions

Each patient will receive 2 weeks of medications at a time. Please start each pack on Sundays with the morning dosage. Punch out the appropriate day of the week and time of day (starting with Sunday morning). The first week will finish at Saturday with the bedtime bubble. Week 2 will start in the next pack at Sunday morning. Continue punching out your medication throughout the week with the corresponding days of the week and time of day.

Please call the pharmacy if you have any questions.

SureMed Adherence Agreement

SureMed™ 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. SureMed can also alleviate the time-consuming burden of handling and sorting medications. The adherence packaging service is provided in 2-week increments. The patient/caregiver is responsible for the copays and the cost of medications. Only solid oral routine medications are packaged with this service. Antibiotics, as needed and short-term medications are supplied in vials or separate blister packaging depending on patient/caregiver choice.

It is the patient/caregiver's responsibility to ensure the doctor communicates any changes in medications. The patient/caregiver or pharmacy may stop this service at anytime should a need arise. However, the patient/caregiver is responsible for any remaining charges for copays/fees.

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.
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