

Rochester Health Mart Pharmacy

176 Virginia Ave Third Floor

Rochester Pa, 15074

T: 1-888-498-5438 1-(724)-987-6085

F: 1-(724)-987-6084

Welcome,

We thank you for being a new patient with Rochester Health Mart Pharmacy. Your health and wellbeing is our number one priority. As a patient at Rochester Health Mart Pharmacy you will be enrolled in our Patient Management Program (PMP) at no charge. Our PMP will allow us to create a specialized program that fits your health needs. Our staff will access what needs, medications, and services will serve you best. If you have any questions or concerns not answered in this packet, please contact us.

Thank you and we look forward to a healthier happier you.



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Our Mission

Rochester Health Mart Pharmacy strives to exceed the individual needs of our patients through collectively adapting to changes in healthcare and innovations in the delivery of care.

Our Vision:

Rochester Health Mart Pharmacy will forge a true coherent partnership with our patients in order to provide them with the tools necessary to successfully navigate and exceed their health care needs. We will:

- **Care** by placing a sincere priority on the needs of the patient.
- **Evolve** by proactively taking steps to overcome obstacles that stand in the way of true solutions to our patients' health.
- **Innovate** by challenging the standard and promoting new solutions to the needs of a diverse and changing patient base.

Our Values:

GENUINE INTEGRITY: We continuously operate with sincere honesty and transparency.

RESPECTFUL CULTURE: We advance health equity to all patients through education, understanding, and respect.

SUSTAINED COMMITMENT: We relentlessly pursue our goals while honoring our values.

ATTENTIVE ENERGY: We are passionate about all levels of details.

COLLABORATIVE FRAMEWORK: We strive to incorporate all providers into one seamless solution to our patients' needs.



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Patient Rights

- You have the right to be fully informed *in advance* about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- You have the right to be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- You have the right to get important information about your care appropriate to your age, understanding and language (If you have vision, speech, hearing and/or other impairments, we can provide support to ensure your needs are met)
- You have the right to attain information pertaining to the scope of services that the organization will provide and specific limitations on those services
- You have the right to receive administrative information regarding changes in or termination of the patient management program.
- You have the right to participate in the development and periodic revision of the plan of care
- You have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented
- You have the right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- You have the right to have your property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- You have the right to be able to identify visiting personnel members through proper identification
- You have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- You have the right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- You have the right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- You have the right to be advised on agency's policies and procedures regarding the disclosure of clinical records
- You have the right to choose a health care provider, including choosing an attending physician, if applicable
- You have the right to receive appropriate care without discrimination in accordance with physician orders, if applicable



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- You have the right to be informed of any financial benefits when referred to an organization
- You have the right to be fully informed of one's responsibilities
- You have the right to speak with a health professional
- You have the right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested

You have the right to decline participation, revoke consent, or disenrollment at any point in time.

Patient Responsibilities

- You are responsible for providing as much information about your health and medical history as possible, including your other medications, vitamins, herbs, supplements and allergies
- You are responsible for asking questions, especially if you do not understand or need more information
- You should treat our staff with courtesy and respect
- You should actively participate in your care and follow the instructions for taking medication as directed. You are responsible for the outcomes of not following your plan of care
- You are responsible for meeting your financial responsibility
- You are responsible for immediately communicating any side effect to your pharmacist or prescriber.
- You are responsible for storing your medications appropriately
- You are responsible for disposing unused medication by a safe method. Included in this packet is a pamphlet describing how to dispose of the medication properly. (Our pharmacists can provide instructions for disposal if necessary)
- You are responsible for submitting any form that is necessary to participate in the program, to the extent required by law.
- You are responsible for giving accurate clinical and contact information and to notify the patient management program of changes in this information.

You are responsible for notifying your treating provider of your participation in the patient management program, if applicable.

Complaint Procedure

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. Call the company corporate office at 1-888-498-5438 to speak with the Director of pharmacy during regular business hours or the



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company representative if you are calling outside of regular business hours, including weekends and holidays.

2. The formal grievance procedure of Rochester Health Mart Pharmacy ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction or complaints with a party other than the Rochester Health Mart Pharmacy staff, please file a complaint with the Pennsylvania Board of Pharmacy complaints division. The hours of operation are Monday through Friday 8:30 a.m. to 4:30 p.m. The telephone number is 717-783-7156 or you can email ST-PHARMACY@pa.gov

After-Hour Services:

Rochester Health Mart Pharmacy's normal business number 1-(724)-987-6085, you will hear prompting to direct them to the appropriate line of after hour business. A pharmacist will return your call within thirty minutes. We are available 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at the Toll free number 1-(888)-498-5438 at any time by following designated prompts.

Your Right to Privacy

This information describes how your medical information may be used and disclosed, and how you can access to this information. **Please read carefully.**

Rochester Health Mart Pharmacy is committed to protecting the privacy of all customers we serve. Rochester Health Mart Pharmacy treats all personal health information (PHI) as confidential. There are times; however, when we are permitted by the Health Insurance Portability and Accountability Act (HIPAA) to share your personal health information with other entities. They are:

- When authorized by you
- When it is required or permitted by law
- When necessary to perform treatment, health care operations or process payments

Rochester Health Mart Pharmacy receives personal health information in a number of ways. It may be received directly from you through prescription orders, survey responses or by calls placed to our Customer Service Department or clinical staff. At any time, you can request information as to whom and when Rochester Health Mart Pharmacy has shared or exchanged your PHI.

At times, Rochester Health Mart Pharmacy, may receive, send or exchange personal health information with other entities including physicians, medical groups, retail pharmacies, health plans, pharmacy product manufacturers and benefit plan sponsors, primarily for these reasons:



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1. **For Treatment.** Rochester Health Mart Pharmacy may contact your physician to verify information on a prescription. Treatment can also include other services; such as refill reminders.
2. **To Process Claims for Payment.** Rochester Health Mart Pharmacy may use your personal health information to process a claim for payment to your insurance carrier.
3. **To Perform Health Care Operations.** Rochester Health Mart Pharmacy may use your personal health information in the Rochester Health Mart Pharmacy day to day operation. Activities may include training, auditing, formulary, management of the business, administrative activities, and quality improvement activities. In these cases, the results are presented in a summary format and will not identify you as an individual.
4. **Prescription History.** Rochester Health Mart Pharmacy may review your individual prescription history in order to offer related products that may be of interest to you. These offers are sent or given to you in the form of a flyer.
5. **Government Agencies or Legal Firms.** There may be times when Rochester Health Mart Pharmacy is required to share or exchange personal health information with government agencies or legal firms to comply with subpoenas, to prevent fraud, or to protect public health and safety.

Rochester Health Mart Pharmacy Protects your Information. Rochester Health Mart Pharmacy has security procedures in place to protect your PHI; it is only seen by authorized individuals who have a need to see it. Your information is protected in locked cabinets in a secure setting. Our computers are protected by network security, passwords and data encryption for electronic transmissions. Only authorized staff who require this information to perform specific job tasks are permitted access to it. If any staff violates Rochester Health Mart Pharmacy's privacy policies, they are subject to disciplinary action.

You Can Restrict Disclosure. It's your Right. Every customer has the right to confidentially view his/her own PHI such as prescription claims history. You can also request that Rochester Health Mart Pharmacy not share your PHI with certain entities or individuals by writing a "request to restrict disclosures" to Compliance Officer of Rochester Health Mart pharmacy. Rochester Health Mart Pharmacy is not required to agree to a requested restriction; and you cannot restrict the sharing of information that is necessary for treatment, payment or health care operations. Upon written request, you can also revoke a previously written authorization. If you believe that your privacy rights have been compromised, Rochester Health Mart Pharmacy's clinical staff or Owner can assist you. If Rochester Health Mart Pharmacy cannot resolve your concern, the Department of Health and Human Services in your area can assist you.

Rochester Health Mart Pharmacy is bound by law to abide by this notice and to maintain the privacy of PHI. Rochester Health Mart Pharmacy reserves the right to change this notice; and changes will apply to all PHI maintained at Rochester Health Mart Pharmacy. If Rochester Health Mart Pharmacy makes any changes to this privacy policy, updates will be posted on location.

1. Rochester Health Mart Pharmacy may disclose patient PHI in a Limited Data Set for purposes of research, public health, or healthcare operations. In disclosing PHI in a Limited Data Set, Rochester Health Mart Pharmacy should enter into a Data Use Agreement with the recipient of the Limited Data Set and should comply with the other requirements of the HIPAA Privacy Rule governing Limited Data Sets.



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2. Rochester Health Mart Pharmacy may use patient PHI to create a Limited Data Set or it may disclose patient PHI to a Business Associate for such purpose, whether or not the Limited Data Set will be used by Rochester Health Mart Pharmacy.
3. In creating a Limited Data Set, Rochester Health Mart Pharmacy should exclude the following direct identifiers of the patient or of relatives, employers, or household members of the patient:
 - a. Names;
 - b. Postal address information, other than town, city, state or zip code;
 - c. Telephone numbers;
 - d. Fax numbers;
 - e. Electronic mail addresses;
 - f. Social Security numbers;
 - g. Medical record numbers;
 - h. Health plan beneficiary numbers;
 - i. Account numbers;
 - j. Certificate / license numbers;
 - k. Vehicle identifiers and serial numbers, including license plate numbers;
 - l. Device identifiers and serial numbers;
 - m. Web Universal Resource Locaters (URLs);
 - n. Internet protocol (IP) address numbers;
 - o. Biometric identifiers, including fingerprints and voice prints; and
 - p. Full-face photographic images and any comparable images.
4. In creating a Limited Data Set, Rochester Health Mart Pharmacy should comply with the Minimum Necessary Rule by limiting the patient PHI to that information that is reasonably necessary to accomplish the purpose for which the Limited Data Set is created.
5. Rochester Health Mart Pharmacy should include the birth date of a patient only where the researcher and Rochester Health Mart Pharmacy agree that such information is needed for the research.
6. Before disclosing PHI in a Limited Data Set, Rochester Health Mart Pharmacy should enter into a Data Use Agreement in the form approved by legal counsel.
7. Before disclosing patient PHI in a Limited Data Set, Rochester Health Mart Pharmacy should determine that the recipient will use and disclose the Limited Data Set for research, public health, or healthcare operations.

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8. Rochester Health Mart Pharmacy is not required to track and account for any disclosures of PHI in a Limited Data Set under the patient's right to obtain an accounting of disclosures.
9. If Rochester Health Mart Pharmacy learns of a pattern of activity or practice of the Limited Data Set recipient that constitutes a material breach or violation of the Data Use Agreement, Rochester Health Mart Pharmacy should take reasonable steps to cure the breach or end the violation, as applicable. If such reasonable steps are unsuccessful, Rochester Health Mart Pharmacy should:
 - a. Discontinue disclosure of PHI to the recipient; and
 - b. Report the problem to the Secretary of the Department of Health and Human Services.

EMERGENCY PLANNING FOR THE HOME CARE PATIENT

Rochester Health Mart Pharmacy would like to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

1. Know What to Expect

- a. If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.
- b. Find out what, if any, time of year these emergencies are more prevalent.
- c. Find out when you should evacuate, and when you shouldn't.
- d. Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

2. Know Where to Go

- a. One of the most important pieces of information you should know is the location of the closest emergency shelter.
- b. These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

3. Reaching Us if There Are No Phones

- a. Cellular phones frequently work even when the regular land phone lines do not
- b. Our mobile number is 1(724)-494-7615



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Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Rochester Health Mart Pharmacy or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Rochester Health Mart Pharmacy and your home nursing agency.
- When you return to your home, contact your home nursing agency and Rochester Health Mart Pharmacy so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information form FEMA

http://www.fema.gov/areyouready/emergency_planning.shtm. The information includes:

- Get informed about hazards and emergencies that may affect you and your family.
- Develop an emergency plan.
- Collect and assemble disaster supplies kit , which should include:
 - Three-day supply of non-perishable food.
 - Three-day supply of water - one gallon of water per person, per day.
 - Portable, battery-powered radio or television and extra batteries.
 - Flashlight and extra batteries.
 - First aid kit and manual.
 - Sanitation and hygiene items (moist towelettes and toilet paper).
 - Matches and waterproof container.
 - Whistle.
 - Extra clothing.
 - Kitchen accessories and cooking utensils, including a can opener.
 - Photocopies of credit and identification cards.
 - Cash and coins.
 - Special needs items, such as prescription medications, eye glasses, contact lens solutions, and hearing aid batteries.
 - Items for infants, such as formula, diapers, bottles, and pacifiers.
 - Other items to meet your unique family needs.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning systems and evacuation routes.
- Include in your plan required information from community and school plans.
- Learn what to do for specific hazards. • Practice and maintain your plan.

An Important Reminder!!

*During any emergency situation, if you are unable to contact our pharmacy and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***



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Frequently Asked Questions

How do I contact you?

Please call us if you have any questions or concerns concerning order status, copay amount, claims submissions and benefit coverage. If you have any adverse effects to the medication you were given, please contact your prescribing physician or your pharmacist.

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Phone: (888) 498-5438 and Fax: (724) 987-6085

When is Rochester Health Mart Pharmacy Open?

A Rochester Health Mart Pharmacy employee is available to answer any questions you may have either during normal business hours or through 24-hour Pharmacist-on-Call support.

- Business Hours of Operation:

Monday through Thursday 8am to 7pm EST

Friday 8am to 5pm EST

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Evening, Weekends, Holidays:

Pharmacist-on-Call Policy

24-hour coverage at (888) 498-5438

A Pharmacist-on-Call is available 24 hours a day/7 days a week for any question you may have. Pharmacists are available for emergency and clinical situations such as side effects and medication assistance as well as complaint resolution. They also have access to all pharmacy systems and can answer any questions regarding order and copay status, claims submissions and benefit coverage. In addition, Pharmacists have access to the Rochester Health Mart Pharmacy facility if patient need would require support from the systems and/or prescription fulfillment process.

How do I order a new prescription?

- Your prescriber must send a valid prescription to our pharmacy via their preferred means. When a valid prescription is on file, you may call into our pharmacy to place your order and setup a shipment during regular business hours.
- During business hours, you can call the pharmacy to speak with a staff member or follow the prompts to request your refill by leaving a voicemail with all pertinent information as requested in the message.
 - After hours, you can follow the prompts to request a refill by leaving a message for the pharmacy staff requesting medication refill. **Please include in your message medication name, your first and last name, address, date of birth, daytime phone number, and additional requested information per the voicemail recording.**
- Your doctor can phone in, e-scribe or fax a new prescription to us. Please note, certain controlled substance medications cannot be faxed, the paper copy of these prescriptions must be presented to the pharmacy.
- Your prescription may be filled with a generic equivalent substitution based on state law, equivalency rating and in accordance with company policy. Please ask a pharmacist if you have any questions or concerns.



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- A Rochester Health Mart Pharmacy employee will let you know if Rochester Health Mart Pharmacy is unable to fulfill the medication request. Suggestions and guidance on where the medication may be available will be given upon request.

How long does it take to receive my prescription?

- Our standard processing time at Rochester Health Mart Pharmacy is normally less than 24 hours. This does not include delivery time. If processing time is delayed longer than 24 hours, we will contact you to inform you of your options so you don't go without medication.
- A Rochester Health Mart Pharmacy employee will immediately let you know if there are any issues that may delay fulfillment such as prior authorizations or quantity limits imposed by your insurance company. Rochester Health Mart Pharmacy employees will work with you and your physician to try and attain any Prior Authorizations completed as quickly as possible. If your insurance company will not allow a quantity override due to unforeseen circumstances, a Rochester Health Mart Pharmacy employee will help determine the best way to get the medication you require.
- Medications are sent via FedEx. Priority Overnight is available or required for some medications.
- Prescriptions are shipped Monday through Friday for next day delivery, and if permitted by the delivery zip code. Medication delivery is a complimentary service at no additional charge to you.
- Some medications will require your signature for delivery. A Rochester Health Mart Pharmacy staff member will coordinate with you to schedule the most convenient delivery time to ensure your availability to sign for the prescription.

How do I refill my prescription?

- Rochester Health Mart Pharmacy will call to schedule your refill order six days before you should run out of medication.
- If you run out prior to Rochester Health Mart Pharmacy contacting you, or you would like to go ahead and order your refill, please contact us. Please have your prescription number(s) available to place your order.
- An automated refill option is available 24 hours a day/7 days a week. If ordering an automated refill, please also leave a message with any specific delivery instructions or request Rochester Health Mart Pharmacy staff contact you prior to medication being shipped.
- Please let a Rochester Health Mart Pharmacy employee know if you have run out of refills and would like a call to your physician to be made for a new prescription.
- Please remember to always inform Rochester Health Mart Pharmacy and the Patient Management Program of any insurance, address or health changes.
- If you need your prescription immediately, please let a Rochester Health Mart Pharmacy employee know so your order can be expedited. If you cannot wait for a shipment, you may ask about having your prescription transferred to a local pharmacy. The prescription can be transferred back to Rochester Health Mart Pharmacy the next time it is needed, if allowed by federal, and state law.

How much will my prescription cost?

- Prescription cost will vary depending on your insurance.
- Because drug pricing can change daily, a final determination of your co-pay cost cannot be made until your claim is processed. You may also call the Member Services phone number on your prescription insurance card to get the most current information.
- If you are unable to afford the out-of-pocket cost for your prescription, Rochester Health Mart Pharmacy will work to identify co-pay card assistance, patient assistant programs, or other support and/or charitable organizations, if allowed by federal, and state law.



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- The cost may also vary depending on the quantity of medication. Your prescription will be filled for the amount of medication that the physician prescribes. Please be sure to advise your physician to prescribe for the maximum amount/days' supply allowable by your insurance coverage (days allowed may vary by plan).
- If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the "donut hole" and reach total out-of-pocket expense. Pharmacy staff can assist you in determining and understanding your options

How can I pay for my prescription order?

- Rochester Health Mart Pharmacy accepts all major credit cards, check, or money orders. If mailing payment, please do not mail cash.

How can I safely dispose of my medications?

- Visit the website below to view a list of medications that can safely be flushed down the toilet or see the handouts given in the welcome packet:
- <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>
- If your medication is not on this list, please see the handout included in your Welcome Packet on how to properly dispose of your unwanted or expired medications.
- You will be notified by a Rochester Health Mart Pharmacy employee if there is a recall on your medication and given instructions on what to do.

What is the Patient Management Program?

- The Patient Management Program is included at no cost to you and you are automatically enrolled as a patient of Rochester Health Mart Pharmacy. You may opt out at any time.
- Pharmacists will work with you on any problems, concerns or questions you may have regarding your medication therapy. Issues discussed include disease overview, medication, dose, dose frequency, interactions, side effects, physical assessments and coordination of care with your physician when appropriate, etc.
- The potential health benefits of this program include managing side effects, improved overall health, increased disease and medication education and awareness, increased medication compliance and when coordination of care with your physician is necessary, your pharmacist will have all the information needed to help make informed decisions regarding what is best for you as the patient.
- The potential limitations of this program are dependent on you as the patient. You must be willing to follow the directions of your physician and pharmacist, be compliant with taking your medication and willing to discuss the details of your disease, medical history and current practices with your pharmacist so he can have a full understanding of the situation.
- Please let your physician know you are a patient of Rochester Health Mart Pharmacy and are enrolled in their Patient Management Program. A good relationship between your physician and your pharmacist will benefit everyone involved in your care.
- To contact the Patient Management Program, please call Rochester Health Mart Pharmacy.



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PATIENT SATISFACTION SURVEY

Date: _____

Dear Patient,

It is our desire to provide you with the best quality services available. To help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and mail it back to us. Thank you.

The medications were delivered in a timely manner	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The medications were delivered / dispensed accurately	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training and consultations were effective in educating me or my caregiver on my service / care and / or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Educational materials and instructions were adequate to educate me or my caregiver on the product(s).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The staff was polite and helpful	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My financial responsibilities were explained to me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I receive advice or help when needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The services provided made a positive impact on the outcome of my care and/or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The welcome packet (PMP), and medication education pamphlets I received were helpful	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The services provided met exceeded my needs and expectations	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please feel free to add anything you think can help us improve



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COMPLAINT FORM

Name: _____

Phone Number: _____ Date/Time: _____

Address: _____

REPORTED BY: _____ PHONE: _____

Your Medicare/Medicaid or Health Insurance Claim Number: _____

Side Effects of medication: _____

Date of incident: _____

Was Rochester Health Mart Pharmacy informed prior: _____

Describe in detail Complaint or Concern: (Attach all documentation, or copies of said documentation pertaining to the complaint.)

