



SPECIALTY & DMEPOS

Patient Welcome Packet

At **Benzer Specialty Pharmacy** our mission is to provide patients, customers and peers with personalized, professional and FREE health advice from our highly trained and courteous staff of pharmacists and health professionals. We strive to maintain the wellbeing of the local community and its residents as the utmost importance. Our commitment to you is to provide quality and affordable products from a company with exceptional community and family values. Get better with Benzer!

Benzer Specialty Pharmacy is located at:

301 Havendale Blvd.

Auburndale, FL 33823

Hours of Operation:

Monday through Friday: 9am - 7pm EST

Saturday: 10am - 3pm EST

Local Numbers

Tel: 863-875-5700

Fax: 863-875-5619

After Hours and Toll-Free Phone Number:

(A pharmacist is available 24 hours a day, 7 days a week)

866-634-9965

Alternatively, you may email us at:

info@benzerspecialtypharmacy.com

Our Website:

www.benzerspecialtypharmacy.com



Dear New Patient,

Thank you for choosing **Benzer Specialty Pharmacy** for your specialty medication needs! Enclosed in this information packet you will find:

- Frequently Asked Questions
- Patient Management Program Information Sheet
- Patient Rights & Responsibilities
- Medicare DMEPOS Supplier Standards
- Medicare Prescription Drug Coverage and Your Rights
- Notice of Privacy Practices
- Complaint Procedure
- American Red Cross Emergency Preparedness
- Community Resource List
- Disclosures to sign and return

Please COMPLETE, SIGN and RETURN the Patient's Rights and Responsibilities, Credit Card Authorization Form, Satisfaction Survey, HIPAA Privacy Authorization Form and Patient Acknowledgement of Receipt and Assignment of Benefits documents and return them to us at your earliest convenience in the self-addressed stamped envelope that is enclosed.

If there are ever any future changes to your contact information, insurance, address or doctor, please tell Benzer Pharmacy *immediately*.

Customer care is our first priority. Please let us know if there is anything else we can do to make your home health experience a more enjoyable one.

Services we offer include:

- 90-day Prescriptions
- Refill Reminder
- Online Refills
- Medication Convenience Services
- ExpressPay
- E-Prescriptions
- Insurance
- Workers' Compensation

This Benzer Pharmacy location provides Specialty Services to the following states: AK, AZ, AR, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, LA, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, DC, WV, WI, WY

Thank you for choosing Benzer Specialty Pharmacy. We look forward to taking care of your specialty pharmaceutical needs!



Frequently Asked Questions

Q: How can I order refills on my medications?

A: Please expect a courtesy phone call about a week before your next refill from a Benzer Specialty Pharmacy Patient Care Advocate. The Patient Care Advocate will confirm with you that you are still taking the medication and are not having any unbearable side effects. If an "authorization" is required for a prescription from either the doctor or insurance company, our staff will inform you and take the necessary steps to acquire the authorization. You may also order refills yourself by calling 863-875-5700 or at www.benzerpharmacy.com.

Q: How and when do I pay?

A: You will be notified of your cost by our staff once a prescription is processed. At the time, our staff can answer questions related to your prescription cost, such as further explaining your out-of-pocket cost, deductibles, co-payments, co-insurance, limits, etc. You may be eligible to be enrolled into prescription drug assistance programs to assist you with out-of-pocket costs. Ask a Benzer Specialty Pharmacy staff member for more details or to request assistance on navigating these applications.

Q: What if I want more information on my medication?

A: When you receive your prescription we will include a Medication Guide to inform you about the medication you are receiving, however if at any point, you have any additional questions, our staff is available to you to answer any questions you may have. If you prefer to read more information, we can also email you or mail evidence-based educational materials to your house. Our knowledgeable pharmacist is always present at the pharmacy between 9am - 7pm (EST) on Monday through Friday and from 10am - 3pm (EST) on Saturdays. If you have a clinical question after business hours, call us toll free at 866-634-9965 to reach a pharmacist 24 hours a day, 7 days a week. ***If you are having a medical emergency, please call 911 or go to the closest emergency room. A medical emergency would be having a severe allergic reaction to this or any medication. Billing questions or non-emergent calls will be dealt with during regular business hours.**

Q: What if the Pharmacy can't fill my medication?

A: In the event, we are unable to fill a medication ordered by your physician, Benzer Pharmacy will find out exactly where you are able to fill the prescription and how you will be able to receive it and send the ordered prescription to the appropriate Pharmacy. Once everything is transferred and confirmed our personnel will then reach out to you and provide you with all the details of where your medication will be coming from.

Q: What will happen if my insurance decides to stop covering my medication?

A: There are times when patient's prescription drug coverage may undergo changes, in which they may rework their preferred drug lists. If this happens, our Pharmacy staff will first reach out to you to make you aware of the change in drug coverage and then contact your physician for an alternate option that will ideally save you the most money and still give you the best care for your condition.

Q: How will I get my medication in the event of an emergency?

A: In case of a natural disaster and you are unable to receive your medication at your home address, we are able to ship the medication to any medication designated by the patient (i.e.: storm shelter, physician's office, friend/family member's home, etc.) If you have not received your medication by the expected delivery date, our Pharmacy will reach out the courier to track the delivery and location status of the package. Benzer Pharmacy will always make sure that you have a non-stop supply of your medications.



FAQ's continued...

Q: How will I be able to contact the pharmacy in an emergency?

A: Hopefully, Benzer Pharmacy will be contacting FIRST in the event of an emergency to notify you of any changes or deviations to your Plan of Care. In the event of any emergency (evacuations or otherwise), Benzer staff will notify you beforehand in case the pharmacy needs to move its operations to a nearby Benzer in order to maintain continuity. This will be communicated to you. Please stay updated by checking your local radio or television stations for up-to-date news on any disaster or emergency situations in your area regarding evacuations and please be sure to always bring your medications with you when leaving your home for an extended period of time or when your expected return is unknown. It is Benzer's policy that if something were to happen to the phone lines at the pharmacy, the landlines will be re-routed to staff's cell phones. In the event this does not happen, or if you are trying to reach the pharmacy before we are able to talk to the telephone company, please feel free to reach out to our Corporate Office at 813-304-2221 to get updated information on any of our Benzer Pharmacy locations.

Q: How do I find out the status of my prescription order?

A: As soon as we receive the prescription request from your Physician, it is our policy to immediately reach out to you to inform you that the order is in process. We will update you along the way with the current status of the medication. You will be notified of any co-pays, if we have to submit any additional paperwork the insurance to get the medication approved, or if we have to substitute the medication with a generic equivalent and when your medication will be shipped and delivered to you. You are always welcome to contact the pharmacy at any time to ask the status of your order or for patient consultation of medications and side effects at 863-875-5700. You may also visit our website at www.BenzerPharmacy.com or email us at info@benzerpharmacy.com.

Q: What steps do I take to find out if I have a new prescription insurance plan?

A: If at any time your prescription drug coverage changes, we will notify you and provide you with the contact information to the insurance plan and walk you through the steps on how to get this information. We are also available to assist you in navigating different insurance plans if you are trying to switch plans yourself.

Q: How do I report a medication error or hazard?

A: The Institute for Safe Medication Practices (ISMP) operates a confidential, national, voluntary medication error reporting program. To report a medication error or vaccine error, visit [ISMP Medication Errors Reporting Program \(MERP\)](http://www.ismp.org). Their website is <https://www.ismp.org>. The information provided is protected, safe and confidential. You may also file a complaint with your insurance company directly by calling the toll-free number for Member Services on the back of your insurance card.

Q: Will you let me know if there is ever a safety issue with my medication?

A: Sometimes medications are recalled by the manufacturer if there is a safety concern. If this happens, we will notify you and your doctor and give you the next steps to take, if necessary. This information can also be found online at <http://www.fda.gov/Safety/Recalls/default.htm>. If you ever have any questions regarding any of these procedures, feel free to call and ask our Pharmacist.

Q: What is the best way to dispose of my old medications?

A: Benzer Pharmacy wants to make sure you have the most accurate, up-to-date information when it comes to disposing your old medications so we ask that you call our Pharmacist so we can tell you how the best way to do this, using manufacturer guidelines. Additional information may also be found on our website regarding this issue- <https://www.benzerpharmacy.com/pdf/Guidelines-For-How-To-Dispose-Unused-Medications-Updated.pdf>



FAQ's continued...

Q: What do I do if I experience side effects?

A: If you experience a serious life-threatening reaction from your medication, go to the nearest Emergency Room immediately or dial 911. If you experience a mild adverse reaction, Benzer Pharmacy encourages you to call us so our Pharmacist can discuss it with you, and then we will notify your doctor for you and determine how he/she would like to handle the side effects. If you are not sure, feel free to give your Benzer pharmacist a call, at 863-875-5700 or toll-free at 866-634-9965.

Q: Will you ever substitute my medication for a different one?

A: Benzer Specialty Pharmacy is located in Florida where the substitution law states that a pharmacy must dispense a less-expensive generic but only if the FDA has determined that the generic is equal in effectiveness. That being said, you or your doctor may request that a branded medication must be used, and our Pharmacy staff will go over any price differences with you over the phone. If you have any questions or concerns on our substitution procedures, feel free to call us at 863-875-5700.

Q: Should I worry about infections?

A: Benzer Pharmacy staff is routinely trained on safely handling pharmaceuticals and how to avoid spreading infection. Staff members wash their hands appropriately and wear gloves and masks when preparing your medication and know not to come into work if they are contagious. All dispensing equipment is cleaned after each use and maintained in tip-top shape.

Hand Washing Procedure

Washing your hands to remove bacteria is the most important step that you can take to prevent infection. Dirty hands are the most common way to spread infection.

Always wash your hands before handling equipment or doing any procedures.

Repeat hand washing if your hands become contaminated at any time during a procedure.

Procedure

1. Remove all pieces of jewelry before washing. Bacteria can hide in those items.
2. Turn on the water and adjust the temperature. Keep water running while washing. Apply antibacterial soap to your hands and lower forearms and scrub aggressively for at least two minutes.
3. Start at the fingernails and scrub under all fingernails. Scrub each finger and in-between fingers.
4. Scrub inner palms and wash back of hands.
5. Rinse your hands under running water. Hold hands up as you are rinsing so the dirty water does not run back down your fingers.
6. Thoroughly dry hands with a paper towel.
7. Use a paper towel to turn off water. Discard the paper towel in the trash.



Patient Management Program (PMP) Overview

Benzer Pharmacy Specialty Pharmacy Patient Management Program proactively works with patients in a number of chronic disease states to provide specialty pharmaceuticals and therapy management support services to obtain optimal therapeutic outcomes thus avoiding adverse drug events and unnecessary costs. Pharmacists' roles are shifting from dispensing medications to direct clinical practice and becoming valued providers of clinical pharmaceutical care and part of the healthcare team for the patients.

When a patient receives their medication, this does not guarantee improved health, as a medication's success relies on the patient taking the medication according to the prescribed directions. Non-adherence is a multifaceted issue that is linked to both behavioral and system barriers and as a result, many patients do not take their medications as prescribed. It is the goal of Benzer Pharmacy's Patient Management Program to provide the appropriate education, support and communication to improve the patient's self-management/adherence of their medication regime. It is based on five (5) core elements:

- Medication therapy review
- Personal medication record
- Medication-related action plan
- Intervention and/or referral
- Documentation and follow-up

As a Specialty Pharmacy, Benzer Pharmacy offers consistent patient management, specialized clinical staff that provide patient support and focus on patient adherence to therapy. The program promotes enhanced patient understanding, increased adherence to medication regimens and prevention and detection of adverse drug events and patterns of over-use and under-use of prescription drugs. Benzer Pharmacy has developed a proactive refill management and medication adherence monitoring. Reminder calls and mailings are sent to patients prior to refill date. The pharmacist and/or support staff will contact the patient in a timely fashion if inadequate adherence is identified.

Unfortunately, Benzer Pharmacy's Patient Management Program cannot take the medications for the patient, so that means the program is susceptible to limitations. It is a possibility that the patient's actions can adversely impact the potential benefits of the patient management program by not following directions properly or not being compliant to therapy.

This is an opt-in program.



Patient Management Program Information Sheet

Benzer Pharmacy believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy. Benzer Pharmacy provides a Patient Management (PM) Program to those patients receiving specialty medications. The PM services provide help for consumers to understand, manage and comply with their drug treatment. In addition, it provides assistance to those patients experiencing difficulty taking, obtaining or following their medication schedule. Benzer Pharmacy's patient management services include the following:

- A health assessment of the patient
- Education and counseling with the Pharmacist, designed to enhance patient understanding and appropriate use of his/her medications
- Information and resources designed to enhance patient compliance with specialty drug administration.
- Coordination of healthcare services, with providers, and other healthcare professionals participating in the patient's care
- Care planning to ensure treatment goals meets the patient's needs and are shared among the patient's providers

Why Use Patient Management Services?

Benzer Pharmacy believes that patients may gain the following potential health benefits by participating in the Patient Management Program:

- Improved knowledge of medication use and administration
- Improved medication compliance by creating an individualized plan for the patient to make sure medication doses aren't missed
- Improved ability to manage difficult side effects
- Greater self-management of medications and medical condition
- Improved coordination of healthcare services through the collaboration of your pharmacist and doctor
- 24/7 accessibility to a pharmacist or other clinical person

You will automatically receive these patient management services if you are taking a specialty medication for a chronic medical condition. However, you may request to not participate in the program at any time by calling Benzer Pharmacy at: 863-875-5700.

The Patient Management Program is offered **FREE** to our patients.

MEDICARE DMEPOS SUPPLIER STANDARDS

**For those receiving durable medical equipment

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.



OMB Approval No. 0938-0975

Enrollee's Name: (Optional) Drug and Prescription Number: _____(Optional)

Medicare Prescription Drug Coverage and Your Rights Your Medicare rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an "exception" if you believe:

you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;" a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or

you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

Form CMS -10147



Patient Rights and Responsibilities

Rights and Responsibilities:

- 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 modification to the plan of care
- 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
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient Copy



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X

Signature of Patient, Parent or Guardian

Date



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) EFFECTIVE September 9, 2013 THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

The terms of this notice apply to all records containing your protected health information that are created, received, maintained or transmitted by our Company, our Business Associates and their subcontractors. We reserve the right to revise and amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our company has created or maintained in the past, and for any of your records we may create, receive, maintain or transmit in the future. Our Company will post a copy of our most current notice in our offices in a prominent location and on our website. You may request a copy of our most current notice by telephone, in writing or by e-mail.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE

CONTACT:

Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610 - Phone # (813) 304-2221

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS

The following categories describe different ways in which we may use and disclose your identifiable health information. Except for the purposes described below, any other uses or disclosures of protected health information not covered by this notice to include for the purposes of marketing or disclosures that would constitute a sale of your protected health information and or the laws that govern us will only be made with your written authorization.

1. Treatment. Our company may use and disclose your protected health information for your treatment and to provide you with treatment related services. For example, we may disclose health information to doctors, nurses, or other personnel, including people outside our office / company, who are involved in your medical care and need the information to provide you with medical care.

2. Payment. Our company may use and disclose your protected health information in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your services and home healthcare items to determine if your insurer will cover, or pay for, these services and items. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use

your protected health information to bill you directly for services and items not covered by health insurance.

3. Health Care Operations. Our company may use and disclose your protected health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our company may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our company.

4. Business Associates. Business Associates are parties with which we conduct business in order to provide you with our services which include but are not limited to provisions of medical equipment and its assembly, medical supplies, home delivery service of equipment and supplies, and medical billing to your health insurance payer, yourself or other designated parties. Our company may use and disclose your protected health information to Business Associates. Business Associates will be provided only with the minimum of health information necessary in order for them to perform the activities of their business that they conduct on our behalf.

5. Appointment Reminders. Our company may use and disclose your protected health information to contact and remind you of visits/deliveries.

6. Health-Related Benefits and Services. Our company may use and disclose your protected health information to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our company may release your protected health information to your family, a relative, a close friend or any other person you identify as involved in helping you pay for your health care, or who assists in taking care of you, unless you object. Please see "YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION" section of this Notice of Privacy Practices for further information.

8. Disclosures required by law. Our company will use and disclose your protected health information when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we or our Business Associates (only if or when applicable) may use or disclose your protected health information:

1. Public Health Risks. Our company may disclose your protected health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records such as births and death
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential risk for spreading or contracting a disease or condition
- Reporting problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); we will only disclose this information if the patient agrees or we are required or authorized by law to disclose information.

2. Health Oversight Activities. Our organization may disclose your protected health information to a health agency for activities authorized by law. Oversight activities can include for example, investigations, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care systems in general.

3. Lawsuits and Similar Proceedings. Our organization may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release protected health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe might have resulted from criminal contact
- Regarding criminal contact at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime including the location(s) or victim(s) of the crime, or the description(s), identity(ies) or location(s) of the perpetrator(s).

5. Serious Threats to Health or Safety. Our organization may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances,

we will only make disclosures to a person or organization able to prevent the threat.

6. Military. Our organization may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

7. National Security. Our organization may disclose your protected health information to federal officials for the intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Workers' Compensation. Our organization may release your protected health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the protected health information that we maintain about you:

1. Inspection and Copies. You have the right to inspect and obtain a copy of protected health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610, in order to inspect and/or obtain a copy of your protected health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our company may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.

2. Electronic Copy of Electronic Medical Records. If your protected health information is maintained in an electronic format (that is, a digital electronic medical or health record), you have the right to request that an electronic copy of your record be sent or transmitted to you or to another individual or entity. Presently our organization doesn't utilize an electronic medical or health record format. However, if we at some point implement use of an electronic medical / health record format you will be eligible to request your health records in this format.

3. Right to Request Protected Health Information be Sent to Directly to Another Individual / Third Party. If you wish to have your protected health information sent to a third party your request must be made in writing and submitted to: Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610. Your request must clarify the identity of the persons designated to receive this information and the address to which copies must be sent.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment as long as the information is kept by or for our organization.

To request an amendment, your request must be made in writing and submitted to: Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610. You must provide us with reasons that support your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

5. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your identifiable health information for payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your protected health information to individuals involved in your care or payment for your care, such as family members and friends. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we do agree we will comply with your request unless the information is required by law, or is needed to provide you with emergency treatment. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to: Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610. Your request must describe in a clear and concise fashion: (a) information you wish restricted; (b) whether you are requesting to limit our company's use, disclosure or both; and (c) to whom you want limits to apply.

6. Breach. You have the right to be notified upon a breach of any of your unsecured protected health information.

7. Accounting of Disclosure. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your protected health information. In order to obtain an accounting of disclosures, you must submit your request in writing to, Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years from the date of your request. The first list you request within a 12-month period is free of charge, but our company

may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

8. Fundraising. Entities that may use or disclose your protected health information for the purpose of fundraising activities are required to inform you of such and offer you the opportunity to opt out of participation in any fundraising activities in which your protected health information may be used or disclosed. Our organization does not engage in any fundraising activities that would involve the use or disclosure of your protected health information.

9. Right to Provide an Authorization for Other Uses and Disclosures.

Our organization will obtain your written authorization for uses and disclosures that are not covered by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. Please note, we are required to retain records of services and items provided to you.

10. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to: Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610, specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

11. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610 - Phone # (813) 304-2221. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

12. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Benzer Pharmacy Corporate Office - 5908 Breckenridge Pkwy Tampa, FL 33610 - Phone # (813) 304-2221.



HIPAA Privacy Authorization Form

Authorization for use or disclosure of Protected Health Information (PHI)
Required by the Health Insurance Portability and Accountability Act, 45 C.F.R 160 and 164

Patient's Name: _____ DOB: _____

Address: _____ City, St Zip: _____

I authorize Benzer Pharmacy to use and disclose the protected health information described below
to and/or from _____

This authorization for release of information covers the period of healthcare from (timeframe):

_____ to _____ ****OR**** All past, present and future periods.

I understand that the health information that I authorized to be used or disclosed may include information relating to sexually transmitted disease, HIV and AIDS, mental health or substance abuse.

I understand that the information I authorize a person or entity to disclose may be shared with other people or entities and no longer protected by federal or state privacy regulations.

I understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that my refusal to sign this authorization does not affect payment for services, my ability to obtain treatment, or my eligibility for benefits.

I understand that if this authorization is for the disclosure of health information for a research study, I may refuse to sign this authorization. I understand that if I refuse to sign this authorization, I may not receive the treatment related to the research study.

I understand that I may revoke this authorization at any time provided that the information has not already been disclosed. Information that has already been disclosed may not be further disclosed once the authorization has been revoked. I understand that if I choose to revoke this authorization, I must do so in writing.

I understand that I have a right to request and receive a copy of Benzer Pharmacy's Notice of Privacy Practices.

A photocopy of this authorization is as valid as the original.

I understand that this authorization will expire ten (10) years from the date signed below.

Signature of patient ****OR**** Patient's personal representative Date

Printed name of patient ****OR**** Patient's personal representative and relationship to patient



Benzer Pharmacy Complaint Procedure

Policy

Benzer Pharmacy values input from its customers to ensure they provide the best quality services. Benzer Pharmacy maintains a formal process to address customer complaints, responds in a timely manner, and utilizes this information to promote organizational improvement. A consumer complaint may emanate from the consumer/claimant receiving the benefits and services, a provider acting on the consumer's behalf, a family member or caregiver, and/or a prescriber

Procedure

The Complaint Process:

- A. Any Benzer Pharmacy staff can receive a complaint verbally or in writing. Staff will attempt to respond and satisfy the consumer in the moment, but if this is not possible staff will engage the formal complaint process.
- A. The staff member who receives the complaint will complete the Benzer Pharmacy Consumer Complaint Summary Form and document the following information:
 1. Date complaint received
 2. Complainant's name and contact information
 3. Relationship to the patient (if not the patient)
 4. Brief description of the nature of the complaint
- B. This information is then immediately sent to the Pharmacist in Charge or their delegate for follow-up and resolution.
- C. He/she reviews the information upon receipt and takes the appropriate actions:

***It is the policy of Benzer Pharmacy and expectation that complaints received at the store are handled as soon as possible, at the moment of receiving of the complaint, by the Store Manager or Pharmacist-in-charge. In these instances, the complaint does not need to be escalated to Corporate and subsequently acknowledged and responded to in the procedure outlined here.**

 1. Provides the consumer with verbal and/or written acknowledgement of the complaint upon receipt or within five (5) business days of receipt. If the consumer's provider has initiated the complaint, he/she will also receive copies of the acknowledgement of the receipt of the complaint and resolution.
 1. Investigates the complaint and includes organization leadership as needed
 2. Provides a written complaint resolution letter within fourteen (14) calendar days of receipt of the complaint.
- D. Should a patient want to escalate their complaint(s), the patient may file an additional complaint with their corresponding insurance carrier while concurrently undergoing the complaint process with Benzer Pharmacy.
- E. If Benzer Pharmacy cannot help the consumer solve their concerns, then the consumer may call **ACHC at 1-855-937-2242** (accreditation agency that works with Benzer Pharmacy Specialty and Medicare Part B customers) or contact URAC at www.urac.org/complaint (Benzer Pharmacy's accreditation agency that works with Specialty customers).
- F. **To file a complaint with CMS (Medicare beneficiaries/DME supplies recipients) call 1-800-MEDICARE (1-800-633-4227)**
- G. Should the consumer feel their privacy rights have been violated, they may contact Benzer Pharmacy's Pharmacist in Charge or their delegate. The consumer may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights) (<http://hhs.gov/ocr/privacy/index.html>)



Community Resources

(Please customize and keep this page for your reference)

Fire Department	
Police Department	
Hospital (nearest)	
Poison Control	1-800-222-1222
National Domestic Violence Hotline http://www.ndvh.org/	1-800-799-7233
Elder Abuse Hotline	1-800-922-2275
Child Abuse Hotline	1-800-422-4453
Disabled Persons Protection Commission	1-800-426-9009
Meals on Wheels (nearest)	
Other:	

Patient Copy



Customer Satisfaction Survey

Thank you for allowing us to provide you Specialty Pharmacy services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

Date Completed: _____

Questions	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree
I am satisfied with the services received at Benzer Pharmacy					
Benzer Pharmacy met my service expectations					
My medication was dispensed in a timely manner					
My medication order was accurate					
The information received was helpful					
You have been able to reach by phone a person who can answer your questions					
You have received a clear explanation of the amount you have to pay after your insurance pays					
You have received information on how to access Benzer Pharmacy for refills and other questions					
Pharmacy staff was respectful and polite					
Pharmacy staff provided efficient service					
Pharmacy staff answered my questions					
Pharmacy was cleaned and well organized					
Pharmacy staff provided me with health information					
I will bring my medication prescriptions to Benzer Pharmacy again					
<i>If you have any comments about how Benzer Pharmacy can improve their service, please write them here.</i>					



CUSTOMER CREDIT CARD AUTHORIZATION FORM

Benzer Specialty Pharmacy accepts all major credit cards for payment of fees. To pay fees using a credit card, simply complete, sign and return this form back to us.

Name of the person or company this payment is being made for: _____

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

Account Type (circle one): Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX): _____

SIGNATURE

DATE

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Acknowledgement of Receipt

Please confirm that you received Benzer Specialty Pharmacy Welcome Packet by signing and kindly send back to us in the enclosed postage paid envelope the following:

- Patient's Rights and Responsibilities
- Customer Credit Card Authorization Form
- HIPAA Privacy Authorization Form
- Customer Satisfaction Survey
- Patient Acknowledgement of Receipt & Assignment of Benefits

Completed forms may be mailed to:

Benzer Pharmacy
301 Havendale Blvd.
Auburndale, FL 33823

By my signature below, I hereby acknowledge receipt of the following:

Patient Welcome Packet, Hours of Operation, Contact Information, Patient Rights & Responsibilities, Notice of Privacy Practices, Complaint Procedure, Emergency & Disaster Preparedness

Patient Signature _____ Date _____

Assignment of Benefits

I hereby authorize Benzer Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Benzer Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form. I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Benzer Pharmacy to collect money on my behalf.

I have read, understand and agree to the Assignment of Benefits.

Patient Signature _____ Date _____

Print Name _____

Patient Address _____

We are glad that you have chosen Benzer Specialty Pharmacy to service all your pharmacy needs!

Be Red Cross Ready

Get a kit. Make a plan. Be informed.

It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference ...

Be Red Cross Ready Checklist

- I know what emergencies or disasters are most likely to occur in my community.
- I have a family disaster plan and have practiced it.
- I have an emergency preparedness kit.
- At least one member of my household is trained in first aid and CPR/AED.
- I have taken action to help my community prepare.

Get a kit



At a minimum, have the basic supplies listed below. Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water—one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food—non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

Additional supplies to keep at home or in your kit based on the types of disasters common to your area:

- Whistle
- N95 or surgical masks
- Matches
- Rain gear
- Towels
- Work gloves
- Tools/supplies for securing your home
- Extra clothing, hat and sturdy shoes
- Plastic sheeting
- Duct tape
- Scissors
- Household liquid bleach
- Entertainment items
- Blankets or sleeping bags

Make a plan



- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military, plan how you would respond if they were deployed.

Plan what to do in case you are separated during an emergency

- Choose two places to meet:
 - Right outside your home in case of a sudden emergency, such as a fire
 - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel/motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

Be informed



Learn what disasters or emergencies may occur in your area.

These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed.

Emergency Contact Cards for All Household Members

Get your cards online at <http://www.redcross.org/prepare/ECCard.pdf>.

- Print one card for each family member.
- Write the contact information for each household member, such as work, school and cell phone numbers.
- Fold the card so it fits in your pocket, wallet or purse.
- Carry the card with you so it is available in the event of a disaster or other emergency.

Let Your Family Know You're Safe

Tell your loved ones about the American Red Cross Safe and Well Web site available through [RedCross.org](http://www.redcross.org). This Internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.



For more information on disaster and emergency preparedness, visit [RedCross.org](http://www.RedCross.org).