



Here in Your Community... Ready to Help You!

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River Medical Pharmacy is a member of the
BioPlus Pharmacy Services, Inc., network of pharmacies,



Dear Patient and Family:

Thank you for choosing River Medical Pharmacy.

As our patient you will automatically receive the benefits of our Patient Management Program. This program has been designed by our team of pharmacists and nurses and will help you be involved in your care, understand your therapy and have the best opportunity for treatment success. These benefits begin when you are admitted to our services.

We begin by educating you about your therapy. This will help you to understand the importance of being compliant in taking your medications and following your physician's orders. We will provide you with all the medication and supplies needed to complete your therapy. We will also instruct you when to take your medications, how to communicate with us and your physician for improved side effect management and teach you how to properly care for the medications in your home. We will ship the needed medication and supplies to your home on a scheduled basis. Our staff will speak with you before every refill to briefly discuss your treatment progress. Our goal is to give you every opportunity to benefit from your therapy and help you to heal.

Your job is to participate in your care and communicate with our staff. Being involved in your care will ensure you get the most out of your treatment. We ask you to speak openly with our staff regarding any issues you are having with your medication. We're here to help make your therapy a success! Without your participation and communication with our team, you may limit your overall success and the benefit of the Patient Management Program. If you choose not to participate in the Patient Management Program, please speak with a member of our Pharmacy Team.

Our Doctors of Pharmacy are available 24 hours a day, 7 days a week to answer your questions. If you have any questions about your medication or shipment, please contact our pharmacy at 1-800-617-1490. **In case of a medical emergency, please call 911.**

River Medical Pharmacy always dispenses a less expensive, generically equivalent, FDA approved drug for brand name drugs whenever possible, unless otherwise indicated by you or your physician.

If you should have any questions, comments, concerns or complaints regarding our services, please contact me any time.

Sincerely,
Dr. Heather A. Mulvihill, Pharm.D.
Pharmacy Center Manager
River Medical Pharmacy
1-800-617-1490

For more information go to www.rivermedicalrx.com

FREQUENTLY ASKED QUESTIONS

Can I be part of my care?

Yes, participating in your care is very important. The first time we talk with you, you'll learn about our pharmacy and you'll be invited to check us out at <https://rivermedicalrx.com>. Please spend time there to learn what to expect during your treatment. This website is where you can sign consent forms and find a copy of new patient paperwork. You will also read about the importance of working together for the best health outcomes.

What are the Pharmacy hours?

Pharmacy hours: Monday – Friday 8:30 am- 5:00 pm CT

Call center hours for refills or questions: Monday – Friday 7:00 am-7:00 pm CT
Saturday – Sunday 7:00 am-4:00 pm CT

On-call pharmacist: 24 hours a day, 7 days a week

In case of a medical emergency, please call 911.

What is the Patient Management Program?

The Patient Management Program is a program designed by our team of pharmacists and nurses to work collaboratively with you and your physician to produce the best outcomes for your therapy. By working as a team, we can better manage your treatment plan and work through any side effects to determine the best path forward for you.

Can I choose not to participate in the Patient Management Program?

You may choose to opt-out of the Patient Management Program. We think it is a good idea for you to talk it over with someone from our pharmacy team so you can choose the options that best fit your needs.

Are there limitations to the Patient Management Program?

The Patient Management Program

- does not replace the need to visit your physician for scheduled appointment. Those visits are necessary so your doctor can continue to monitor your progress.
- is not a guarantee that you will be cured or that you will not have side effects from the medication you are receiving, however, patients who are involved with the Patient Management Program may help improve outcomes and reduce or control side effects.
- may not provide treatment for non-specialty medication needs.

In addition, the pharmacist cannot make changes to your prescription without the involvement of your prescriber.

How do I contact the Patient Management Program team?

You may reach the Patient Management Program Customer Service line at **800-628-2965 x 4602**.



If I am a Medicare Part D patient, what are my rights if a prescription is not being covered (“filled”) under my Medicare Part D Benefit?

Refer to the CMS 10147 form, which you can find at the website below:

<https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/downloads/yourrightsfactsheet.pdf>

How do I order a refill?

Expect a call from the pharmacy each month to refill your medication. We will call you about a week before you’ll run out of medication. Our Patient Care Coordinators will try all the phone numbers we have for you.

If you have not received a call from the pharmacy, you or an authorized representative may call us and place your refill order at 800-617-1490.

Will my refills be automatically sent to me?

No, a Patient Care Coordinator will need to speak with you or an authorized representative, and ask you a short series of questions for the pharmacist to review. During this call we’ll also check the day of the week you’d prefer your refill to arrive. The pharmacy can deliver your order to your home, office, or designated destination.

How can I track my shipment?

We can send a shipment tracking number to your email address. You can also contact our pharmacy for shipping questions.

Do I need to be home to sign for my delivery?

Most insurance programs REQUIRE that you (or anyone 18 years of age or older) sign for receipt of your package. If you are not going to be home, we can have the package delivered to your workplace or another convenient location. If you would like the carrier to leave your medication at your door, we can enclose a delivery ticket with a self-addressed return envelope. This delivery ticket must be signed and returned to the office as proof of delivery.

Who delivers my medications?

Deliveries will be sent by Federal Express.

How do I pay for my medication?

Your copay or coinsurance is due each time you refill your medication. The pharmacy accepts all major credit cards as well as electronic checks.

What should I do if my insurance changes?

If you receive any notification that your insurance has changed, been updated, or you receive a new ID card, please call the pharmacy as soon as possible to provide the new information to one of our Patient Care Coordinators. The pharmacy will verify the new information to update your account.

What if I have a question about my bill?

If you have a question about your bill, please contact the pharmacy at 888-292-0744 and dial extension 4910 to speak with the Reimbursement Team.

FREQUENTLY ASKED QUESTIONS CONTINUED

What if I have a medication issue? (Examples: an injection doesn't work properly, medication looks wrong or different, the label is wrong, etc.)

Call the pharmacy right away to let us know about any medication concerns, you may need to speak to one of our Pharmacists. Many medications can be replaced by the manufacturer. After speaking with you we can assess your individual situation for the best resolution.

What if I have a question about my medication or think my medication is affecting me negatively?

If the symptoms you are experiencing are dangerous or life threatening, please call 911 immediately. All potential adverse effects or drug reactions should be reported to your physician and pharmacy. You can contact our pharmacy team at **800-617-1490**.

What happens if River Medical cannot fill my prescription?

River Medical will determine which pharmacy can fill your prescription. We will then contact you with the pharmacy name and phone number. We will also notify your physician and transfer your prescription to the new pharmacy (if that pharmacy allows prescription transfers).

What happens if there is a delay in receiving my order?

We will contact you if your order is delayed. We will let you know the reason for the delay and discuss a resolution. If you have any concerns, call the pharmacy at **800-617-1490**.

What happens if my medication is recalled by the manufacturer?

The pharmacy will contact you by phone to discuss the recall and will give you instructions on how to handle the recall.

What do I do if I have a question, concern, or complaint?

Please contact our pharmacy team at **800-617-1490**.

Thank you for choosing River Medical Pharmacy!



PAYMENT POLICY

Payment information will be gathered during the admission process and used to charge all copayments at the time of shipment. If this is not acceptable, please contact our Accounts Receivable Department and make arrangements prior to refills. If copayments are not paid at the time of your refill, shipments may be delayed until payment has been received.

For your convenience, we accept Visa, MasterCard, Discover, American Express, debit card, and check by phone at no additional charge to you. BioPlus will automatically charge all copayments at the time of medication shipment.

If you wish to discuss your account, please call **888-292-0744 xt 4910** and ask for our Reimbursement Department. You can reach the Accounts Receivable Department between the hours of 8 am and 8 pm ET, Monday through Friday.



WHAT IS A SPECIALTY PHARMACY?

A specialty pharmacy provides medications and supplies that treat chronic diseases and conditions. Specialty medications can be delivered to you in injectable, infused, oral, and topical forms. Treating conditions with specialty medications can be complex. That's why you get expert patient support from our licensed pharmacists, nurses, and specialists to carefully manage your treatment from start to finish.

CERTIFIED LANGUAGE SERVICES

English

The pharmacy provides free translation/interpretation services in your preferred pharmacy language that are necessary to ensure safe and effective use of prescription medications. You have the right to these services for pharmacist counseling, label interpretations/warnings and other written materials. Please contact the pharmacy to engage these services.

Spanish (U.S.)

La farmacia ofrece servicios gratuitos de traducción e interpretación en su idioma, en su farmacia preferida, los cuales son necesarios para garantizar el uso seguro y efectivo de los medicamentos con receta médica. Usted tiene derecho a estos servicios para recibir asesoramiento del farmacéutico, las advertencias e interpretaciones de las etiquetas y de otros materiales escritos. Comuníquese con la farmacia para obtener estos servicios.

Vietnamese

Hiệu thuốc cung cấp dịch vụ phiên dịch/biên dịch miễn phí bằng ngôn ngữ dược khoa ưu tiên của quý vị, một dịch vụ cần thiết để đảm bảo việc sử dụng thuốc theo toa an toàn và hiệu quả. Quý vị có quyền nhận các dịch vụ này cho buổi tư vấn với dược sĩ, đọc nhãn thuốc/cảnh báo và các tài liệu bằng văn bản khác. Vui lòng liên hệ với hiệu thuốc để nhận các dịch vụ này.

Korean

약국은 처방약을 안전하고 효과적으로 사용하는 데 필요한 귀하가 선호하는 약국 언어로 무료 번역 / 통역 서비스를 제공합니다. 귀하는 약사 상담, 라벨 해석 / 경고 및 기타 서면 자료에 대한 서비스를 받을 권리가 있습니다. 이 서비스를 이용하려면 약국에 문의하십시오.

Haitian Creole

Famasi a bay sèvis tradiksyon/entèpretasyon gratis nan lang ou prefere nan famasi a ki nesèsè pou asire ou itilize medikaman preskripsyon yo yon fason ki san danje epi ki efikas. Ou gen dwa ak sèvis sa yo pou konsèy famasyon, entèpretasyon etikèt/avètisman ak lòt materyèl ekri yo. Tanpri kontakte famasi a pou jwenn lòt sèvis sa yo.

Portuguese (Portugal)

A farmácia fornece serviços gratuitos de tradução / interpretação no seu idioma preferido, necessários para garantir o uso seguro e eficaz dos medicamentos prescritos. Você tem direito a esses serviços para aconselhamento farmacêutico, interpretações / advertências sobre rótulos e outros materiais escritos. Entre em contato com a farmácia para contratar esses serviços.

Russian

Аптека оказывает бесплатные услуги письменного и устного перевода на выбранный вами язык. Это необходимо для гарантии безопасного и эффективного применения рецептурных препаратов. Вы можете воспользоваться этими услугами при консультировании с фармацевтом, для перевода этикеток, предупреждений и прочих письменных материалов. Для заказа данных услуг обращайтесь в аптеку.

Burmese

ဆေးဆိုင်ကုဆရာဝန်ညွှန်သောဆေးဝါးများကို အနုတရားကင်းကင်းနှင့်ထိရောက်စွာအသုံးပြုနိုင်ကုသခြင်းသင်္ချာစရိတ်ဆေးဝါးနှင့်ပတ်သက်၍သင်ကျမ်းကျင့်သောဘာသာစကားဖြင့်အခမဲ့ဘာသာပြန်/စကားပြန်ဝန်ဆောင်မှုများကိုပေးပါသည်။ သင့်အနေဖြင့်ဆေးစပွဲပညာရင့်၏ဆန္ဒလမ်းညွှန်မှု၊ ဆေးအညွှန်းဘာသာပြန်ပုဒ်ခွဲခြား/သတ်ပေးချက်များနှင့်အခြားရင်းသွားထားသောအကူပြုခြင်းအရာများအတွက်ကြိုတင်ဆောင်ရွက်မှုများကိုရယူပိုင်ခွင့်ရှိသည်။ ဤဝန်ဆောင်မှုများကိုရယူရန်ဆေးဆိုင်ကိုဆက်သွယ်ပါ။

Chinese (Simplified)

药房将以您首选的药房语言提供免费的翻译/口译服务，这对于确保安全有效地使用处方药必不可少。您有权使用这些服务用于药剂师咨询、标签解释/警告和其他书面材料。如需获取这些服务，请与药房联系。

French (France)

La pharmacie propose un service de traduction et d'interprétation gratuit dans votre langue de prédilection. Ce service est nécessaire pour garantir une posologie sûre et efficace des médicaments prescrits. Vous avez le droit d'avoir recours à ces services pour solliciter les conseils du pharmacien, pour obtenir une interprétation de la notice et en comprendre les avertissements, ainsi que pour lire tout autre support écrit. Pour avoir accès à ce service, contactez la pharmacie.

PACKAGE DELIVERY POLICY

Dear Patient,

Since we're working together on your therapy journey, it is important for us to clarify our policy regarding your patient responsibility for package receipt.

If you are not home to sign for your delivery; we **MUST** receive a copy of your delivery receipt. A self-addressed stamped envelope and delivery ticket is included in your shipment. Mail the signed delivery ticket to us as proof of delivery.

If someone is not available for receipt of a package, you will assume the financial responsibility for a reship of the medication.

Deliveries can take up until 7 pm to arrive, depending on your driver's route and the delivery address. If this is not a good time to receive shipments, please make other delivery arrangements with the Patient Care Department [800-617-1490](tel:800-617-1490).

Please contact us within 24 hours to report a delivery- or shipment-related issue or complaint. You may be financially responsible for the shipment if you do not report delivery- or shipment-related issues in a timely manner. To do this, please contact our Patient Care Department.

To cancel a shipment, you must contact BioPlus before the package leaves the pharmacy. You will assume the financial responsibility for any cancellation of shipments made after the medication has already been shipped, based on the previous commitment.

Please feel free to contact your Patient Care team member at [800-617-1490](tel:800-617-1490) with any questions or concerns about our shipment policies and associated patient responsibilities.

We're here to help you every step of the way.

Sincerely,
River Medical Pharmacy Team



MEDICARE EQUIPMENT WARRANTY INFORMATION FORM

Every product sold or rented by our company carries a 1-year manufacturer's warranty. BioPlus Specialty Pharmacy Services, Inc. ("BioPlus"), will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

BioPlus will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

Please review, sign, and date the following statement and keep with your medical records. (This is for your — the beneficiary's — record keeping and for use with any warranty claims. You do not need to mail this back to BioPlus).

I have been instructed and understand the warranty coverage on the product I have received.
I also have received written information and instructions on the safe use of the equipment
I have been provided.

Beneficiary's Signature: _____

Date: _____

EMERGENCY PREPAREDNESS TIPS

It is important to develop an emergency plan before disaster strikes. It is especially important for people with medical concerns to have a plan in place in order to ensure that the same level of care is maintained in the event of a disaster. The pharmacy has developed a checklist to help you and your family be prepared. During an emergency, such as a major storm or other catastrophic event that could affect your medication deliveries:

- Listen:** To local radio and TV stations for emergency broadcast services and follow their instructions.
- Contact:** The power company if you have home health equipment that plugs in. Ask to be added to the priority list for power or a generator so your equipment will continue to work during a power outage.
- Contact:** The telephone company to put you on the “Essential User Lists” so you can keep in touch with your healthcare providers.
- Miscellaneous:** Keep a cooler of ice on hand. If the power is out and the inside of your refrigerator warms up, medications should instead be stored in the cooler.
- Stock up on canned goods and nonperishable foods.
- Know where your water and gas shut-off valves are located.
- Know the elevation of your property and where your homeowner papers are located.

STAY AHEAD OF THERAPY INTERRUPTIONS

Call River Medical Pharmacy at [800-617-1490](tel:800-617-1490) if you need to leave your home during a disaster and let us know where to deliver your medication so your therapy can continue, uninterrupted.

3 Steps to Preparedness

1. Be Informed
2. Make a Plan
3. Build a Kit

www.ready.gov



INSTRUCTIONS FOR BIOMEDICAL WASTE

- 1. For disposal of expired, damaged, or unusable medications, follow the most recent FDA Guidelines for appropriate medication disposal found at www.fda.gov:**
 - ✓ Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information tells you to.
 - ✓ If no instructions are given, place the medication in the household trash, but first:
 - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter.
 - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or spilling out of a garbage bag.
 - Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community.
 - When in doubt about proper disposal, call and speak to your pharmacy team.
- 2. Place all used needles, devices with needles, and “spikes” from the top of intravenous tubing, in your sharps container. (Your container should be leak-resistant, remain upright during use and have a tight fitting, puncture-resistant lid).**
- 3. Place all other non-sharps waste (dressing changes, gauze, alcohol wipes, Band-Aids, etc.) into your regular garbage.**
- 4. To dispose of your sharps container, you may:**
 - Take it to any state health department
 - Take it to any fire station
 - Contact your waste disposal company for guidelines
- 5. At the completion of your therapy, you can keep the remaining supplies or return them to River Medical Pharmacy.**
- 6. Returned supplies will not be credited to your account and cannot be reused due to the risk of disease transmission and/or cross-contamination.**
- 7. Chemotherapy infusion bags should be placed in a zipper-type storage bag before going into the red biohazard bag with all other infusion waste for pick up by River Medical Pharmacy.**



PATIENT RIGHTS AND RESPONSIBILITIES

Your Rights as a Patient

As a patient of the BioPlus family of specialty pharmacies, you have the right to:

1. Be fully informed at the time of admission or before the start of treatment of your rights and responsibilities.
2. To know what products the company will provide and any limitations on those offerings.
3. Receive considerate and respectful care regardless of age, race, color, sex, national origin or whether or not an Advanced Directive has been executed. This applies to you and your property.
4. Know about the philosophy, characteristics, scope and limitations of the patient management program.
5. Decline participation in or dis-enroll from the patient management program.
6. Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
7. Receive information about the patient management program and up to date information about your condition, treatment, alternative treatments, and care plan.
8. Be free from verbal, physical, sexual, and psychological abuse, to have oneself and one's property treated fairly and with dignity.
9. Review your medical insurance before you begin therapy. You have the right to review and receive an explanation of your bill, including the expected sources of payment. As with other health care services, you may be responsible for certain charges related to your therapy. You have the right and responsibility to discuss your need for a special payment plan with members of the company's Reimbursement Department. If you are referred to an organization, you have the right to be informed of any financial benefit.
10. To choose your healthcare providers and receive appropriate care without discrimination and in accordance with physician's orders.
11. Review your medical records, at any reasonable time, with the permission of your doctor.
12. Receive administrative information regarding changes in or termination of the patient management program
13. Participate in developing your plan of care and discharge plan; to be informed of all services the agency provides; when and how services will be provided, and the name and function of any person and affiliated agency providing care and services.
14. Receive training in the prescribed therapy. The reason for its use, and any possible side effect related to the use of drugs, supplies, and equipment will be explained. Written instruction, demonstrations, and supervision by a registered nurse will be provided, until you are able to repeat the required tasks safely.
15. Receive supplies and equipment delivered at a time that is mutually acceptable to you and the Pharmacy.
16. Speak with a health professional. To access the Pharmacy staff as needed. Ongoing care includes both direct and indirect care by staff experienced in the therapy you receive. This includes 24-hour access to nursing staff and/or Pharmacy staff.



PATIENT RIGHTS AND RESPONSIBILITIES

CONTINUED

17. Have personal health information shared with the patient management program only in accordance with State and Federal law.
18. Expect privacy including confidential handling of all your medical records and to refuse release of records to any individual outside the company, except in the case of transfer to another health facility, and as otherwise provided by law, third party payer contract or as described in the Notice of Privacy Practices.
19. Refuse treatment, to the extent permitted by law, after being fully informed of the results of such a decision.
20. Lodge a complaint to the Pharmacist about any concern, treatment or care and expect an answer to any complaints or concerns you discuss with the company within the time frame required by the carrier, but not more than 5 business days following the complaint without concern of discrimination, interference, coercion or reprisal. If after continued discussion you are still not satisfied, your paperwork lists several applicable hot-lines that are available to lodge a complaint or start an investigation.
21. Receive information on the proper use and storage of your prescription medication.
22. Receive instruction of Drug Recalls.
23. Be fully informed of your responsibilities.
24. Receive instruction on how to receive medication during a disaster or if a delay occurs
25. Formulate an Advanced Directive according to state law.
26. Have any person of their choosing be a part of the pharmacy consultation or care planning.
27. These rights pertain to the legal guardian if the patient is legally incompetent or a minor, according to state law.



Your Responsibilities as a Patient

As a patient, you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, insurance coverage and other issues pertinent to your therapy.
2. To carry out your therapy as instructed, to maintain a safe home setting for the storage and proper use of your medications, and to be available or return calls to Pharmacy staff to discuss response and tolerance of therapy once you have been introduced to our pharmacy and patient management program
3. Notify the pharmacy's nurse or pharmacist of side effects, or significant changes in your medical condition.
4. Participate in planning your care.
5. Agree to contact our office 5 - 7 days prior to needing your medication refill.
6. Communicate if you do not comprehend the course of treatment or care plan.
7. Respect the rights of pharmacy personnel.
8. Review the information about our company sent to you in your first shipment.
9. Call our office if you have any questions about the company's information or about our consent forms.
10. Sign and return our consent forms.
11. Take care and maintain any equipment that is provided to you by the company.
12. Notify the pharmacy of any changes to your contact information.
13. Request more information about anything you do not understand, including billing questions.
14. Notify the Pharmacy if you are admitted to a hospital, if the doctor stops your therapy, or if you plan to travel while receiving therapy.
15. Submit any forms that are necessary to participate in the program, to the extent required by law.
16. Notify your treating provider of participation in the patient management program, if applicable.
17. Pay certain charges should they not be covered by your insurance, and/or arrange special payment plans as needed.
18. Voice complaints or concerns about treatment issues to the pharmacy staff or to a pharmacist.



- If you are in the state of CT and you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling 1-860-713-6065.
- If you are in the state of FL call Home Health Hot Line 1-888-419-3456, if you need to resolve any complaints or need questions answered regarding a Home Health Agency. Hours of operation: 8:00 a.m. to 5:00 p.m. Monday through Friday except holidays.
- If you are in the state of FL and need to report abuse, neglect or exploitation: 24 Hour Hot Line 1-800-96A-BUSE (1-800-962-2873)
- If you are in the state of TX and need to report abuse, neglect or exploitations: Abuse Hotline: 800-252-5400
- If you are in the state of SC call for Home Health complaints: 803.545.4370 or <http://www.scdhec.gov/Health/FindingQualityHealthcare/FileaComplaint/FileaComplaint-AllOtherHealthcareFacilities/>
- Accreditation Commission for Health Care: 1-919-785-1214

The products and/or services provided to you by Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations § 424.57(c). These standards concern business professional and operational matters. The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of these standards. The products and/or services provided to you by Pharmacy are subject to Florida Patient's Bill of Rights and Responsibilities shown at Florida Statutes § 381.026. The full text of this statute can be obtained at <http://www.leg.state.fl.us/statutes/>. Upon request we will furnish you a written copy of these rights and responsibilities

APPROVED OMB #0938-0975

MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS

You **have the right to get a written explanation** from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You **also have the right to ask** your Medicare drug plan **for 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," or
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to distribute this information collection once it has been completed is one minute per response, including the time to select the preprinted form, and hand it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is provided by each of the following facilities (each a Pharmacy). These facilities will share your health information with each other as necessary to carry out treatment, payment or health care operations related to their association with each other.

BioPlus Specialty Pharmacy 376 Northlake Blvd. Altamonte Springs, FL 32701 P)1-800628-6965

BioPlus Specialty Pharmacy 100 Southcenter Ct. Suite 100, Morrisville, NC 27560 P)1-866-514-8082

MedScripts Medical Pharmacy 1325 Miller Road, Suite K Greenville, SC 29607 P)1-866-840-4067

River Medical Pharmacy 4752 Research Drive San Antonio, TX 78240 P) 1-800-617-1490

Route 300 Pharmacy 1208 Route 300, Suite 103 Newburgh, NY 12550 P) 1-800-810-9274

Pharmacy is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and to be in compliance with federal regulations. By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

Summary

This Notice describes how we use your health information within the Pharmacy and disclose it outside the Pharmacy and why. Your health information may be stored in paper, electronic or other form and may be disclosed electronically and by other methods. you.

The Notice covers:

- Uses or disclosure for treatment, payment and health care operations.
- Other uses or disclosures that do not require your authorization.
- Uses or disclosure which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgment.



Uses and Disclosures for Treatment, Payment, and Health Care Operations

We use and disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- For **treatment**, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care.
- For **payment**, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.
- For **health care operations**, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

Other Uses and Disclosure that Do Not Require your Authorization

Where we are required or permitted to do so, we may use and disclose your health information in the following circumstances without your written authorization.

- Informing family, friends, and others identified by you who are involved in your care, unless you object.
- Assistance in disaster relief efforts, unless you object.
- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation.
- Disclosures to business associates.
- Health Information Exchanges (HIEs) that we participate in (if any) for treatment and other lawful purposes.



Uses and Disclosure that Require Your Written Authorization

Your written authorization is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.
- Sale of your information.

You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

Information

If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian, or if another individual is authorized by law to make health care decisions for you (known as a “personal representative”), that individual may exercise any of the rights listed in this section for you.

Right to Request Restrictions: You have the right to request restrictions on our uses and disclosures of your health information; however we may refuse to accept the restriction. If you pay for a health care service or item out of pocket in full, you can ask us not to share that information with your health insurer for the purposes of payment or health care operations, and we will honor that request unless a law requires us to disclose that information.

Right to Request Confidential Communications: You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. We will make every attempt to honor your request.

Right to Request Access to Your Health Information: You have the right to request to see or get an electronic or paper copy of your health information or direct us to send a copy of your health information to another person designated by you. Your request must be in writing. In most cases, we will provide this access to you or the person you designated within 30 days of your request. We may charge you a reasonable, cost-based fee for labor, supplies and/or postage consistent with applicable laws. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.

Right to Request an Amendment of Your Health Information: You have the right to request amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

Right to Request an Accounting of Disclosures of Your Health Information: You have the right to request an accounting of our disclosures for the 6 years prior to your request, other than those excluded from the accounting obligation, such as those made pursuant to an authorization.

Right to Obtain a Paper Copy of This Notice: If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights please write or telephone our Privacy Official at the address or phone number listed at the end of this Notice.

Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy and security of your health information.
- We are required by law to inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This notice discharges that duty.
- We must abide by the terms of the notice currently in effect.
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from our Privacy Official. We shall post a copy of the current notice on our website.
- We are required by law to notify you if a breach occurs that may have compromised the privacy or security of your information.

Complaints, Contact Person, Effective Date, and Acknowledgment

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.

Brian Cherico
Privacy Officer
376 Northlake Blvd.
Altamonte Springs, FL 32701
407-830-8820

You may file a complaint with the Secretary of Health and Human Services by writing to:
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

PRIVACY NOTICE FOR CALIFORNIA RESIDENTS

THE CALIFORNIA PRIVACY NOTICE LISTED BELOW DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU (OTHER THAN YOUR MEDICAL OR HEALTH INFORMATION) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This Privacy Notice for California Residents provides additional information to California residents whose personal information we process pursuant to the California Consumer Privacy Act (“CCPA”). This applies only to your personal information that does not qualify as medical information or health information. For information about how we use, handle and disclose your medical information, please see the preceding notice in this document.

Categories of Personal Information Collected, Sold, and Disclosed

During the preceding 12 months, we have collected the following categories of non-medical personal information that are processed pursuant to the CCPA: (1) identifiers, such as your contact information and online account information; (2) Internet and electronic network activity information, such as information about your interactions with Pharmacy’s websites, mobile applications; (3) audio, electronic, or visual information; (4) financial information and other information as described above that may be considered personal information under Cal. Civ. Code Section 1798.80; (5) protected classifications under California or federal law; or (6) commercial information including records or products or services purchased.

We generally do not “sell” personal information for purposes of the CCPA unless you have provided an authorization to do so. We may disclose non-medical personal information to third parties for business purposes, including without limitation, for purposes of providing customer service. During the preceding 12 months, we have disclosed the above-listed category of non-medical personal information for such business purposes. In addition, your non-medical personal information may be accessible to third parties with whom you interact or direct us to share your information through our services.

The CCPA allows California residents to request that a business that collects consumers’ personal information give consumers access, upon a verifiable consumer request, in a portable and (if technically feasible) readily usable form, to the specific pieces and categories of personal information that the business has collected about the consumer, the categories of sources for that information, the business or commercial purposes for collecting the information, and the categories of third parties with which the information was shared. California residents also have the right to submit a request for deletion of personal information under certain circumstances, although there may be legal or other reasons that we must retain your information consistent with California law. If you choose to exercise your CCPA rights, we will not charge you different prices or provide different quality of services unless those differences are related to your personal information or otherwise permitted by law. Please submit your request by emailing us at Privacy@bioplusrx.com, or by calling our Toll-Free Number 1 (800) 628-6965 ext.2928. Please note that your request will not be processed until your identity is confirmed.

This notice is effective 1/1/2020.

MEDICARE DMEPOS SUPPLIER STANDARDS

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 healthcare 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.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by BioPlus Specialty Pharmacy and its affiliates 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://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.



www.rivermedicalrx.com

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Email: info@rivermedicalrx.com