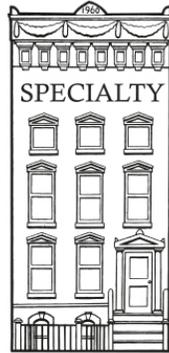


Welcome Packet



NEW LONDON
SPECIALTY PHARMACY
CHELSEA

Our Specialty Care Your Optimal Wellness

246 Eighth Avenue,
2nd Floor, Suite A,
New York, NY 10011

Phone: [212.414.9755](tel:212.414.9755) .Toll-free: [877 738 7987](tel:877.738.7987)

Fax: [212 414 9752](tel:212.414.9752)

www.newlondonspecialtypharmacy.com

February 10, 2014

Dear _____,

Welcome to New London Specialty Pharmacy. We are excited about the opportunity to serve you for all of your pharmacy needs.

The staff at New London Specialty Pharmacy understands that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Access to clinically-trained pharmacists 24 hours a day, 7 days a week
- Assistance with verifying insurance benefits
- Obtaining additional financial assistance when available
- Monthly refill reminders
- Confidential packaging and convenient delivery

In addition, you can access our website at www.newlondonspecialtypharmacy.com 24-hours a day for further information about New London Specialty Pharmacy services and your condition.

Our business hours are:

M-F 9:00 AM-6:00 PM

Saturday 10:00 AM-6:00 PM

However, you can reach us 24 hours a day:

212-414-9755

877-738-7987 (Toll-free)

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing New London Specialty Pharmacy.

Sincerely,

The New London Specialty Pharmacy Team





246 Eighth Avenue, 2nd Floor, Suite A, New York, NY 10011

Phone: [212.414.9755](tel:212.414.9755) .Toll free: [877.738.7987](tel:877.738.7987). Fax: [212.414.9752](tel:212.414.9752)

www.newlondonspecialtypharmacy.com

Welcome Packet

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www.newlondonspecialtypharmacy.com

New London Specialty Pharmacy Mission Statement:

New London Specialty Pharmacy is a specialty pharmacy located in New York City. Through our professionalism, courtesy and respect, New London Specialty Pharmacy proudly serves patients and consumers through education, personalized health and well-being consultations.

Professionalism and compassion for both the trade and our patients is a driving force behind New London Specialty Pharmacy. Through a collaborative and team approach, staff pharmacists and specialists provide top-tier services for health management. Educating and enabling our patients to live healthier, happier and more comfortable lives is the foundation of New London Specialty Pharmacy.

With a firm belief and goal of delivering continually improving healthcare and optimal specialty pharmaceutical solutions, New London Specialty Pharmacy works closely with patients, prescribers, referral services, insurance providers and industry professionals to ease the administrative burden on both physician and patient. Our highly trained staff ensures the highest moral, legal and ethical conduct in serving our patients.

The goal of New London Specialty Pharmacy is patient dedication and to provide high-quality pharmaceutical services. Through an innovative, personalized approach and strong community ties with physicians, biopharmaceutical representatives, and other health care providers, New London Specialty Pharmacy is perfectly positioned to enhance lives and promote the well-being of its patients.



**246 Eighth Avenue, 2nd Floor, Suite 2A
New York, NY 10011**

Hours of Operation:

Monday – Friday : 9:00 AM – 6:00 PM

Saturday: 10:00A M – 6:00 PM

Telephone/Fax :

We are available 24 hours a day, 7 days a week

Phone: 212-414-9755

Toll-free: 877-738-7987

Fax: 212-414-9752

Email :

Randy@newlondonspecialtypharmacy.com

Website:

www.newlondonspecialtypharmacy.com

What is a Specialty Pharmacy?

The Academy of Managed Care Pharmacy defines “specialty pharmacy” with reference to the additional services provided, writing:

“Specialty pharmacies are distinct from traditional pharmacies in coordinating many aspects of patient care and disease management. They are designed to efficiently deliver medications with special handling, storage, and distribution requirements with standardized processes that permit economies of scale. Specialty pharmacies are also designed to improve clinical and economic outcomes for patients with complex, often chronic and rare conditions, with close contact and management by clinicians. Health care professionals employed by specialty pharmacies provide patient education, help ensure appropriate medication use, promote adherence, and attempt to avoid unnecessary costs. Other support systems coordinate sharing of information among clinicians treating patients and help patients locate resources to provide financial assistance with out-of-pocket expenditures.”

New London Specialty Pharmacy provides convenient dispensing and delivery of specialty medications to our patients. Under the supervision of a qualified pharmacist and trained staff, we assist our patients (to) achieve optimal clinical outcomes while effectively managing the cost of their therapies.

The areas of specialty medicine provided by New London Specialty Pharmacy include, but are not limited to:

- Compounding
- Crohn’s Disease
- Cystic Fibrosis
- Dermatological Disorders
- Gastrointestinal Disorders
- Hemophilia
- Hepatitis B
- Hepatitis C
- HIV
- Infertility
- Multiple Sclerosis
- Oncology
- Osteoporosis
- Psoriasis
- Rheumatoid Arthritis
- Transplant

Our clinical staff is available 24 hours a day, 7 days a week.

Phone: 212.414.9755 Toll free: 877.738.7987



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Phone: [212.414.9755](tel:212.414.9755) .Toll free: [877.738.7987](tel:877.738.7987) . Fax: [212.414.9752](tel:212.414.9752)

www.newlondonspecialtypharmacy.com

Since 1960, New London Pharmacy has served the needs of our community and beyond. Today, we have expanded into two pharmacies: our original pharmacy that continues to serve our community and a specialty pharmacy that combines clinical expertise with a personal passion to help you attain maximum benefit from your therapy. We understand that managing a chronic disease or serious illness can feel overwhelming at times. At New London Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and your family and friends to achieve a fully integrated health care team.

What to expect from New London Specialty Pharmacy:

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At New London Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary purpose.

You can expect:

➤ **Personalized patient care**

Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7.

➤ **Collaboration with your Doctor**

We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are

addressed immediately with your physicians.

➤ **Regular follow-up**

Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and will be your healthcare advocate.

➤ **Benefits**

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.

➤ **Delivery**

We offer fast and convenient delivery to your home, workplace, or the location you prefer. A New London Specialty Pharmacy staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.

Please *note: you will be contacted immediately upon the receipt of a new prescription from your provider to determine when you would like to have your prescription delivered.*

All refrigerated medications will be delivered overnight; non-refrigerated items will be sent by two-day delivery. All packages require an adult signature unless you have a signature waiver on file with New London Specialty Pharmacy.

Please notify New London Specialty Pharmacy immediately if your shipment appears to be damaged via telephone at: 212.414.9755 or toll free 877.738.7987

➤ **24/7 Support**

Our New London Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.



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Financial Obligation and Financial Assistance

Before your care begins, a staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that occur during your enrollment period.

Insurance claims

New London Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue.

Co-payments

In most cases, New London Specialty Pharmacy is required to collect all co-payments prior to shipment of your medication. Co-payments can be paid by credit card (Visa, MasterCard, American Express, Discover) electronic checking account debit over the phone and by check or money order through the mail.

Co-pay Assistance Referral Program

New London Specialty Pharmacy has a financial assistance program to help with co-payments to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.



Request of Financial Assistance Information

Please fill out and return to:
New London Specialty Pharmacy
 Att: Financial Aid Department
 246 Eighth Avenue, 2nd Floor,
 Suite A, New York, NY 10011
 Or Fax to:
 212 414 9752

Patient Information	Date: _____ Patient's Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Patient's First Name: _____ Patient's Middle Name: _____ Patient's Last Name: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Best Phone Number: _____ Alternate Phone Number: _____
	Email Address: _____

Patient Information	What is the patient's medical condition/diagnosis relative to this application?: _____ _____
	What drug/treatment is the patient being prescribed? _____ _____

Funding Criteria Qualification	Number of people in patient's household (including patient): _____
	What is patient's approximate annual gross HOUSEHOLD income?: _____
	Is patient a legal US resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Does patient have insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Information	Primary Insurance: _____ Primary Health Insurance Phone #: _____
	Primary Health Insurance ID #: _____ Primary Health Insurance GROUP #: _____
	Name of Prescription Insurance (if different than above): _____ Prescription Insurance Phone #: _____
	Prescription Insurance ID #: _____ Prescription Insurance GROUP #: _____

Physician Information	Physician's Name: _____ Contact Person: _____
	Phone #: _____ Fax #: _____ DEA #: _____
	Office Address: _____ City: _____ State: _____ Zip: _____

If you are requesting on someone's behalf, please complete the section below.

Requester Information	Your First Name: _____ Your Middle Name: _____ Your Last Name: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Best Phone Number: _____ Alternate Phone Number: _____
	Email Address: _____ Relationship to Patient: _____

Authorization	Requester Signature _____ Relationship to Patient _____ Date _____
	Please Print Patient Name _____

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.

Patient Rights & Responsibilities

Patient Rights:

1. The patient has the right to confidentiality of all of their personal health information. Individuals or organizations that are not involved in the patient's care, may not have access to their personal health information, without the patient's written consent, or without the patient's power of attorney on file.
2. The patient must be counseled on all prescriptions filled at the pharmacy. If prescriptions are delivered or shipped out, a counseling instruction form will be enclosed with contact information.
3. The patient has the right to obtain services regardless of race, nationality, sex, age, sexual orientation, physical and/or mental disabilities, diagnosis or religious affiliation.
4. The patient has the right to considerate and respectful service from all staff members of the pharmacy.
5. The patient has the right to make informed decisions about their care, including choosing their own prescribers, and pharmacy providers.
6. The patient has the right to reasonable continuity of care and service.
7. The patient will be contacted if there are any dispensing errors, recalls, or modifications in prescriptions phoned in by their prescriber.
8. All medications dispensed to the patient will be carefully checked for medication and dose accuracy, and all drug interactions including but not limited to disease state, other prescription drugs, OTC drugs, food, and herbal and vitamin supplements.
9. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.
10. The patient can contact New London Specialty Pharmacy with any complaints regarding medications or service by calling 212-414-9751 or through our website, www.newlondonspecialtypharmacy.com.

Patient Responsibilities:

1. The patient should provide the pharmacy with all complete relevant medical information.
2. The patient should follow all medication instructions, and all medications should be taken solely for the purpose that they were prescribed for.
3. The patient should promptly notify the pharmacy of any changes to their address and contact information or change in insurance coverage.
4. The patient should immediately notify the pharmacy of any changes concerning their prescriber or prescriber's prescription
5. The patient should make inquiries to the pharmacist if there is any question about treatment.
6. If unavailable for a planned delivery, the patient should notify the pharmacy to reschedule.
7. Except where contrary to federal or state law, the patient is responsible for any charges in which the patient's insurance company does not pay.



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www.newlondonspecialtypharmacy.com

NOTICE OF PRIVACY PRACTICES:

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

the Compliance Officer of New London Specialty Pharmacy

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

The following categories describe the different ways in which we may use and disclose your identifiable health information:

1. **Treatment.** Our organization may use your identifiable health information to treat you. For example, we may perform a follow-up interview and we may use the results to help us modify your treatment plan. Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.
2. **Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties who may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
3. **Health Care Operations.** Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization 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 practice.
4. **Appointment Reminders.** Our organization may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.
5. **Health-Related Benefits and Services.** Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
6. **Release of Information to Family/Friends.** Our organization may release your identifiable health information to a friend or family member who is helping you pay for your health care or who assists in taking care of you with your written consent.
7. **Disclosures Required By Law.** Our organization will use and disclose your identifiable health information when we are required to do so by federal, state, or local law.

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

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our organization may disclose your identifiable health information to public health authorities who are authorized by law to collect information for the purpose of :
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or 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); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, 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 system in general.

3. **Lawsuits and Similar Proceedings.** Our organization may use and disclose your identifiable 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 identifiable 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 of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release identifiable 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 conduct
 - Regarding criminal conduct 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 or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Serious Threats to Health or Safety.** Our organization may use and disclose your identifiable 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 help prevent the threat.
6. **Military.** Our organization may disclose your identifiable 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 identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution; and/or (c) to protect your health and safety or the health and safety of other individuals.
9. **Workers' Compensation.** Our organization may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

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

1. **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 the Compliance Officer of **New London Specialty Pharmacy**, 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.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for the treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use of disclosure of your identifiable health information, you must make your request in writing to the Compliance Officer, of New London Specialty Pharmacy. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure, or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records,. You must submit your request in writing to the Compliance Officer of New London Specialty Pharmacy in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
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 for 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 the Compliance Officer of New London Specialty Pharmacy. You must provide us with a reason that supports 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. **Accounting of Disclosures.** 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 identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Compliance Officer of New London Specialty Pharmacy. All requests for an “accounting of disclosures” must state a time period which may not be longer than six years. The first list you request within a 12-month period is free of charge, but our practice 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.
6. **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.
7. **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. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Right to Provide an Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note that we are required to retain records of your care.



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www.newlondonspecialtypharmacy.com

Patient Satisfaction Survey

Patient: _____ Date: _____

Date of Birth: _____ Signature: _____

New Existing

	Yes	No	N/A
1. Prescription was dispensed in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prescription was ready for patient when promised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Received and understood information about medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Counseling was offered upon receipt or delivery of medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If your prescription was submitted by phone, fax, or electronically, was it ready upon your arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Response to my questions, problems, concerns were addressed in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Satisfied with courteousness and helpfulness of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Satisfied with the overall services of the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were your telephone and e-mail inquiries addressed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you recommend this pharmacy to other patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Employee _____ Date _____



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www.newlondonspecialtypharmacy.com

Patient Complaint Policy

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, product, and billing complaints will be communicated to the Supervising Pharmacist and the Board of Directors. These complaints will be documented in the pharmacy's complaint file, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing, e-mail, or by telephone within 5 business days after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively. In addition, the pharmacy will assist the patient in contacting the appropriate state agency or third party payer (health plan) if needed.

You may file a complaint with us by completing our Patient Complaint Form on the next page, or you may contact:

New London Specialty Pharmacy

John Fazio, President

246 Eighth Avenue, 2nd Floor, Suite A

New York, NY 10011

Phone: 212-414-9755

Toll-free: 877-738-7987

If appropriate, you may also file a complaint with the New York State Board of Pharmacy:

The University of the State of New York
The State Education Department
Board of Pharmacy
89 Washington Avenue, 2nd Floor West
Albany, NY 12234-1000
Phone: 518-474-3817 ext. 250

OR

You may send it to our accreditation organization:

URAC
1220 L Street, NW
Suite 400
Washington, DC 20005
Phone: 202-216-9010

To file your complaint online:

<http://webapps.urac.org/complaint/>



New London Specialty Pharmacy

246 Eighth Avenue, 2nd Floor, Suite A, New York, NY 10011

Phone: [212.414.9755](tel:212.414.9755) .Toll-free: [877.738.7987](tel:877.738.7987) . Fax: [212.414.9752](tel:212.414.9752)

www.newlondonspecialtypharmacy.com

Assignment of Benefits

I request that payment of authorized benefits be made on my behalf to New London Specialty Pharmacy for any services furnished by the pharmacy, and I assign my right to receive these payments to New London Specialty Pharmacy. I authorize New London Specialty Pharmacy to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided.

I authorize New London Specialty Pharmacy to release to my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services.

I certify that the insurance information that I have provided is accurate, complete and current.

Patient or Person Legally Responsible Relationship to Patient

Date

Patient Responsibility

I acknowledge that I am responsible for all charges for services provided which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan. To the extent no coverage exists under my Health Insurance Plan, I acknowledge that I am responsible for all charges for services provided and agree to pay all charges not covered by insurance. I further agree that, if permissible by law, I will reimburse New London Specialty Pharmacy for all costs, expenses and attorney’s fees that may be incurred by New London Specialty Pharmacy to collect those charges.

Patient or Person Legally Responsible Relationship to Patient

Date



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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize New London Specialty Pharmacy to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize New London Specialty Pharmacy to charge my credit card

(full name)

account indicated below for _____ on or after _____. This payment is for

(amount)

(date)

_____.

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: 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.



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ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received the New London Specialty Pharmacy Welcome packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to:

New London Specialty Pharmacy
246 Eighth Ave, 2nd Floor, Suite A
New York, NY 10011

I confirm that I have received the New London Specialty Pharmacy Welcome packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Notice of Privacy Practices, Financial Obligation and Assistance Programs, Patient Satisfaction Survey and Complaint Process.

Name (Please Print) _____
Signature _____
Billing Address _____
City, State, Zip _____
Phone # _____
Date _____

Thank you for choosing New London Specialty Pharmacy to service all of your pharmacy needs.