



Pharmacy Northwest

# New Patient Packet

[axispharmacynw.com](http://axispharmacynw.com)

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## Welcome to AXIS Pharmacy Northwest!

It is with great pleasure that we welcome you to AXIS Pharmacy Northwest. We are committed to providing high quality services and medications.

We understand that this can be a stressful time for you and your family. If you have any questions or need assistance, we can be reached at (425) 672-5810 Monday through Friday from 9:00am to 7:00pm and Saturday from 10:00am to 2:00pm. If a question arises after hours, please leave a message. We will return your call on the next business day.

Please complete and return pages 15 through 18, and if applicable, pages 19 and 20 by email to [LTC@axispharmacynw.com](mailto:LTC@axispharmacynw.com) or by fax to (425) 672-5811.

With warmest regards,

**The staff at AXIS Pharmacy Northwest**

# Mission and Vision Statement for AXIS Pharmacy Northwest

AXIS Pharmacy Northwest will always offer trustworthy, timely, and cutting edge solutions and employ friendly, helpful, and knowledgeable people. Our professionals will remain adaptable to changing market conditions while providing and supporting an interactive network that encourages collaboration among healthcare professionals and our valued patients.

To leave feedback or ask a question at any time, please visit [www.axispharmacynw.com/contact-us](http://www.axispharmacynw.com/contact-us).

## AXIS Pharmacy Northwest Patient Rights & Responsibilities

### The Patient and/or Caregiver/POA has the Right:

- To considerate and respectful service.
- To obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis, or religious affiliation.
- To confidentiality of all information pertaining to his/her durable medical equipment (DME) medical health records subject to applicable law.
- To make informed decisions about care.
- To reasonable continuity of care and service.
- To courteously voice grievances without fear of termination of service or other reprisal in the service process.

### The Patient and/or Caregiver/POA has the Responsibility:

- To provide accurate and complete information regarding past and present medical history.
- To respect the rights of the pharmacy personnel and treat them courteously.
- To ensure proper care of any medical equipment and is liable for any loss, theft or damage that occurs while it is in their possession.
- To notify the pharmacy as soon as possible with any medication or health updates.
- To notify AXIS Pharmacy Northwest of any address or telephone number changes.
- To meet their financial responsibilities to the pharmacy.

## Blood Glucose Monitors Instructions for Use, Warranty & Returns Policy

A written prescription is required for AXIS Pharmacy Northwest to dispense DME blood glucose monitoring supplies. We will bill your insurance for the monitor and supplies. Due to the risk of bloodborne pathogens, we are unable to rent blood glucose monitors. After billing your insurance for purchase, the patient is responsible for any copay.

When a patient receives a blood glucose monitor it will come in a sealed package from the manufacturer. The contents include the warranty, precautions and instructions for use. You may also come in for person to person instructions or contact us by phone for assistance during regular business hours.

It is our policy to dispense all prescriptions accurately in a timely manner. With regard to blood glucose testing supplies, we do not dispense unless requested by the patient and until we have verified the patient's blood glucose testing system.

As a reminder, please do not share the meter between patients in order to prevent bloodborne pathogens. Use only the included charging cord, appropriate strips, and lancets. Strips and lancets are for one time use only. Avoid excessive exposure to liquids. The lancets are very sharp, handle with care to avoid puncture. Used test strips and lancets must be placed in a sharps container as they are medical waste. For sharps disposal, please contact us.

In the event the patient receives an incorrect prescription due to our error, we will correct the error at no charge. The incident will also be documented in our complaint file.

If the patient experiences an adverse event related to the use of your equipment, please contact the pharmacy so that we may document the event.

If the patient is having difficulties with the machine, we will make our best effort to assist the patient, either on the phone or at our pharmacy counter, to resolve the issue. If our efforts are unsuccessful, we will refer the patient to the blood glucose monitor manufacturer.

## 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.

## 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 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.



# Medicare DMEPOS Supplier Standards (continued)

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 DEPOS 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 AXIS Pharmacy Northwest 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.ecfi.gov>. Upon request we will furnish you a written copy of the standards.

## Protocol for Resolution of Complaints from Medicare Beneficiaries

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, equipment, and billing complaints will be documented on the Medicare Beneficiary Complaint Form and each form will be entered into the DME Complaint log. The form will include the patient's name, address, telephone number, and Medicare Beneficiary Identifier (MBI), 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 courteous, professional manner. All logged complaints will be investigated, acted upon, and responded to by telephone within five business days and in writing within fourteen business days. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the CEO of the company.

The patient will be informed of this complaint resolution protocol at initiation of DME services.

## Patient Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA) Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments.

This notice describes how health information about you may be used and disclosed, and how you can get access to this information.

### PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice or if you need more information, please contact:

AXIS Pharmacy Northwest  
24255 Van Ry Blvd, Suite A1  
Mountlake Terrace, WA 98043  
425-672-5800

### ABOUT THIS NOTICE

We understand that health information about you is personal, and we are committed to protecting your information. We create a record of the care and services you receive at all divisions of AXIS Pharmacy Northwest. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

### WHAT IS PROTECTED HEALTH INFORMATION ("PHI")

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

- **Treatment.** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- **Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization reviewing services. For example, we may need to give your health plan information about your treatment for your health plan to agree to pay for that treatment.
- **Health Care Operations.** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

# Notice of Privacy Practices (continued)

- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, if they do not remove, or take a copy of any PHI. We may disclose PHI to be used in collaborative research initiatives amongst AXIS Pharmacy Northwest providers. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide consulting services for us. All our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees, or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

# Notice of Privacy Practices (continued)

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member to your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.
- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider does not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities.** We may use or disclose your PHI, as necessary, to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

## Your Written Authorization if Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of PHI for marketing purposes, and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## Your Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based

# Notice of Privacy Practices (continued)

benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request, your record will be provided in a readable hard copy form.
- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Request Amendments.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the list. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing, and you must specify how or where we are to contact you.
- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by contacting AXIS Pharmacy Northwest.
- **Changes to This Notice.** We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.
- **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the AXIS Pharmacy Northwest Privacy Officer, at the address listed at the beginning of this Notice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. You will not be penalized for filing a complaint.





# FORMS

**Directions:** Please complete and return pages 15 through 18, and if applicable, pages 19 and 20 by email to [LTC@axispharmacynw.com](mailto:LTC@axispharmacynw.com) or by fax to (425) 672-5811.

You may request blank forms from AXIS Pharmacy NW at any time.

**[axispharmacynw.com](http://axispharmacynw.com)**

24255 Van Ry Blvd, Suite A1, Mountlake Terrace, WA 98043  
phone 425.672.5810 • fax 425.672.5811

## Receipt of Information

I have received the AXIS Pharmacy Northwest New Patient Packet and have read and understand the following pages:

- Welcome Letter
- Mission and Vision Statement
- Patient Rights & Responsibilities
- Blood Glucose Monitor Condensed Information Sheet
- Medicare Prescription Drug Coverage & Your Rights
- Medicare DMEPOS Supplier Standards
- Protocol for Resolution of Complaints from Medicare Beneficiaries

I have received the above information and understand that AXIS Pharmacy Northwest staff are happy to explain any of the items that may need further clarification.

---

Signature

---

Date



## Acknowledgement of Receipt of Patient Notice of Privacy Practices

I acknowledge that I have received and read a copy of the AXIS Pharmacy Northwest Patient Notice of Privacy Practices.

---

Name of Patient (print)

---

Signature of Patient or Patient's Representative

---

Date

FORMS

## Facility Information

Facility Name		Owner/Contact Name	
Address			
Phone Number	FAX Number	Email Address	

## Patient Information

Patient Name		Date of Birth	Sex (circle) M F
Social Security Number	Medicare Number	Medicaid Number	
Address			
Phone Number	Medical Conditions		
Allergies to medications and chronic conditions: <input type="checkbox"/> No known drug allergies			

### Responsible Party/Payee Information

Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_  
 Please check all that apply:  
 Medical Decision Maker     Financial Payee     Both  
 Patient is Self POA/Payee

### Insurance Information

(please include copies of insurance card - front & back)

BIN #: \_\_\_\_\_  
 Group #: \_\_\_\_\_  
 PCN #: \_\_\_\_\_  
 ID #: \_\_\_\_\_

### Primary Care Physician Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### Packaging Style

(circle all that apply)

Single    Monthly    Strip    DisPill    Weekly    Bottles

NON-SAFETY CAP

Signature: \_\_\_\_\_

## Previous Pharmacy Information

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone Number: \_\_\_\_\_

## Additional Patient Information

How many days' supply does the patient have of current medications? \_\_\_\_\_  
 When is the patient's first full cycle of medications needed from AXIS Pharmacy NW? \_\_\_\_\_  
 When does patient plan to move into the facility: \_\_\_\_\_

**\*\* Please also provide FAX/copy of patient's current medication list \*\***

FORMS



Patient Name \_\_\_\_\_

Facility (home) \_\_\_\_\_

Patient Address \_\_\_\_\_

AXIS Pharmacy Northwest agrees to provide medications and other pharmacy items ordered by the patient's physician in accordance with the following terms:

1. The patient and/or responsible party unconditionally guarantees to pay AXIS Pharmacy Northwest for all charges incurred as a result of the medications and/or pharmacy items ordered by the patient's physician, care giver, family, or in person.
2. The responsible party will notify AXIS Pharmacy Northwest of any changes in insurance coverage or pay status immediately and provide the new carrier's coverage information. If the third party does not pay for any reason, the responsible party will be liable for payment of services rendered.
3. Payment for services rendered is due within 30 days of delivery or pickup of medication. Responsible party also agrees to pay any legal fees and court costs incurred in the collection of this account.
4. AXIS Pharmacy Northwest reserves the right to discontinue service to the patient with an account that is past due.
5. AXIS Pharmacy Northwest has permission to bill the appropriate payer identified (above) for medications and other pharmacy items or services furnished in the patient's care.

**THE UNDERSIGNED CERTIFIES THAT HE/SHE/THEY HAVE READ THE ABOVE AGREEMENT AND HEREBY ACCEPT ALL TERMS AND CONDITIONS CONTAINED HEREIN.**

POA Name (print) \_\_\_\_\_

POA Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

FORMS

## Patient Request for Non-Safety Caps on Prescription Containers

Federal regulations require that most medications be packaged and dispensed with child-resistant caps or "safety caps." The purpose of the legislation is to prevent children's accidental ingestion of medication.

If you prefer for Axis Pharmacy Northwest to use **bubble packaging, strip packaging, or other non-child resistant packaging**, you (or your representative) must sign this waiver. Please keep a copy of the signed form for your records and send it to AXIS Pharmacy Northwest via:

- **FAX:** (425) 356-3101
- **Mail:** AXIS Pharmacy Northwest  
24255 Van Ry Blvd, Suite A2  
Mountlake Terrace, WA 98043
- **Email:** info@axispharmacynw.com

### Authorization

By signing below, I request and acknowledge that ALL of my prescriptions dispensed by AXIS Pharmacy Northwest on and after the date of the signature will be packaged in NON-"safety cap" containers.

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Name of Patient (print)

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Signature of Patient or Patient's Representative

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Date