



**Bell** Pharmacy

*Specialty Therapeutics*

# NEW PATIENT GUIDE

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## **Contact Information**

**Our staff is ready to help you and answer any questions you may have. For medical emergencies, please call 911.**

**Our Hours:**

**9 a.m.-7 p.m. EST Monday-Friday**

**10 a.m.-3 p.m. EST Saturday**

**Toll-Free:**

**1-833-669-4377**

**After Hours:**

**813-689-2273**

**Follow the prompts, and leave a message for the pharmacist on call.**

**Address:**

**3535 Central Avenue, St. Petersburg, FL, 33713**

We offer a welcoming environment at Bell Pharmacy where customers are considered valued members of the community who deserve personal attention and care.

Because Health Matters.

We take the time to understand your individual goals to provide exceptional pharmaceutical care tailored to your unique goals.

## **Our Services**

At Bell Specialty Pharmacy, our mission is to be the premiere Patient care centered pharmacy in the entire United States

Our services include:

- A Patient Specialty Therapy Program tailored to manage your end-to-end medication treatment needs.
- Blister packing
- Insurance and manufacturer coverage support
- Financial aid support

## **Ordering Your Prescription**

Prescriptions are accepted in person at the pharmacy, or they may be faxed, phoned, or electronically prescribed by your healthcare provider.

### **What to Expect**

If you did not give us your prescription in person, we will call you to review and complete your order. The call will come from either **1-833-669-4377** or 813-689-2273. If you miss us, please call us back as soon as possible.

### **What If We Can't Reach You?**

It's our policy to talk to you first before we dispense your medication.

If we have not heard from you after a few tries, we will notify your health care provider by fax or phone to make sure we have your correct contact information.

## **What If You Need a Refill?**

We do not automatically refill medications for our Patient Specialty Program. You will be contacted by a member of the Bell Specialty Pharmacy team approximately 1 week prior to the end of your prescribed treatment cycle.

If you request a refill at this time, our team member will fill the prescription, if approved in advance by your healthcare provider. If additional approval is needed, we will contact your health care provider for you.

If you have not heard from us about your refill, please call us at 813-689-2273.

## **What to Do with Unused Medicine**

You should throw out drugs you no longer need so others can't misuse them. Drug take-back programs are a good way to do so.

The U.S. DEA hosts events across the country for the safe disposal of drugs. Your local police department may also sponsor drug take-back events. Your trash collector may have good options, too.

Unused drugs can also be given to collectors registered with the DEA. These collectors throw out medicines for you. Drop-off sites may be pharmacies, hospitals, or police stations. Some offer mail-back programs and drop boxes to help you throw out your unused drugs.

Visit the DEA's website to learn more. You can also call the DEA at 813-287-5160 to find an approved collector near you.

## **Trash Disposal**

If there are no instructions on your medicine label, and take-back programs or collectors are not available:

1. Mix medicine with dirt, kitty litter, coffee grounds, or other food waste. Do not crush tablets or capsules.
2. Put the mixture in a sealed bag or other container.
3. Throw the container in your trash.
4. Scratch out personal info on the bottle or packaging.



## **If a Drug Is Recalled**

The FDA works hard to ensure medicines are pure in quality and safe. Even so, drug recalls do happen. It's up to drug companies to recall their products when a problem is found.

You should take a drug recall seriously, but it's important that you do not overreact. Keep taking the drug until you can contact your pharmacist or doctor for advice. If we prescribed the drug to you, it's our policy to notify you. We will contact you by phone and/or mail with specific instructions.

## **Your Partners for Good Health**

At Bell Specialty Pharmacy, we play a central role in the healing process. We work with you and your doctor to give you the medications you need and the best treatment plan. It's important for you to follow through on your treatment as prescribed.

We will contact you to go over important info about your treatment and answer your questions. You can always contact us at any time with questions or concerns.

### **Side Effects**

If you have any unexpected side effects, please call us at **1-833-669-4377**. For medical emergencies, call 911.

# Patient Rights and Responsibilities

## YOU HAVE THE RIGHT TO:

1. Obtain relevant, accurate, current and understandable information from your Bell Specialty Pharmacist concerning your treatment and/or drug therapy.
2. Discuss your specific drug therapy, the possible adverse side effects and drug interactions, and receive effective counseling and education from your Bell Specialty pharmacist.
3. Expect that all prescribed medications you receive are accurately dosed, effective and in useable condition.
4. Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service.
5. Confidentiality and privacy of all your patient counseling information contained in your patient record and all your Protected Health Information is protected to the fullest extent of both State and Federal law.
6. Receive appropriate care without discrimination in accordance with physician orders.
7. Be advised if a medication has been recalled at the consumer level.
8. Call Bell Specialty Pharmacy with any complaints about medication or privacy matters at **1-833-669-4377** and ask for the Pharmacist In Charge, or contact us about them through our website at [www.bellspecialtypharmacy.com](http://www.bellspecialtypharmacy.com) or contact the Board of Pharmacy at **1-833-669-4377**.
9. Voice your grievances/complaints regarding treatment or care or lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/ complaints investigated.
10. Be able to identify Bell Specialty pharmacy representatives through proper identification, including name and job title. You may request to speak with a supervisor.
11. Choose a healthcare provider.
12. Receive information about the scope of care/services that are provided by Bell Specialty Pharmacy directly or through contractual arrangements, as well as any limitations to Bell Specialty Pharmacy's care/service capabilities.
13. Receive in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
14. Be informed of any financial benefits that might accrue when you are referred to an organization.
15. Be advised of any change in Bell Specialty Pharmacy's plan of service before the change is made.
16. Receive information in a manner, format and/or language that you understand.
17. Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representative, be involved in your care and treatment, and/or service decisions affecting you.
18. Be fully informed of your responsibilities.
19. Be informed about generic or other substitutions to prescribed medications.
20. Be informed promptly of any manufacturer/FDA recalls affecting your prescribed medications.
21. If Bell Specialty Pharmacy is found to be "out of network" resulting in higher costs to the patient, the patient will be notified of cost differential in writing prior to starting services
22. Be informed of patient assistance programs to assist with access to medications.
23. Redirect your prescription if Bell Specialty Pharmacy cannot source the medication
24. Decline participation, revoke consent, or disenroll from Bell Specialty Pharmacy's patient management program at any point in time.
25. Be informed about the philosophy and the characteristics of Bell Specialty Pharmacy's patient management program

**YOU HAVE THE RESPONSIBILITY TO:**

1. Adhere to the plan of treatment or service established by your physician.
2. Participate in the development of an effective plan of care/treatment/services.
3. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
4. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by Bell Specialty Pharmacy representatives.
5. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
6. Notify Bell Specialty Pharmacy if you are going to be unavailable for scheduled delivery times.
7. Treat Bell Specialty Pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
8. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
9. Bell Specialty Pharmacy should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify Bell Specialty Pharmacy immediately of any address or telephone changes whether temporary or permanent.
10. Pay all invoices upon receipt, and understand that unpaid accounts will be considered in default.
11. Understand that Bell Specialty Pharmacy acts solely as an agent for you in filling prescriptions through your insurance or other benefits assigned to Bell Specialty Pharmacy; understand that Bell Specialty Pharmacy assumes no responsibility for ensuring that benefits so assigned will be paid; and understand that your account will only be credited when Bell Specialty Pharmacy actually receives payment.
12. Submit any forms that are necessary to participate in Bell Specialty Pharmacy's patient management program, to the extent that is required by law. Notify your treatment provider of participation in Bell Specialty Pharmacy's patient management program.

# Privacy Notice

This notice tells you how your medical info may be used and disclosed. Please review it carefully.

## Your Rights

When it comes to your health info, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health info we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health info, usually within 30 days .

## **Ask us to correct your medical record**

- You can ask us to correct health info about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

## **Ask for confidential consultation**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

## **Ask us to limit what we use or share**

- You can ask us not to use or share certain health info. We are not required to agree to your request, and we may say “no” if doing so would affect your care.
- If you pay for a service or health care item out of pocket, in full, you can ask us not to share that info for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share it.

### **Get a list of those with whom we've shared info**

- You can ask for a list (“accounting”) of the times we’ve shared your health info. This list will contain records up to ten years before the time of your request. The list will show who we shared your info with and why.
- We will include all disclosures with some exceptions. These exceptions may include disclosures about treatment, payment, health care operations, and other disclosures (such as any you asked us to make). You can request one accounting per year for free. We will charge a reasonable fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time. We will honor your request even if you agreed to get the notice in a digital format.

### **Choose someone to act for you**

- If you have given someone medical power of attorney, or if you have a legal guardian, that person can exercise your rights and make choices about your health info.
- We will make sure the person has this authority and can act for you before we take any action.

### **If you feel your rights are violated**

- You can complain by contacting us as described on page 8.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019, or visiting <https://www.hhs.gov/regulations/complaints-and-appeals/index.html>.
- We will not retaliate against you for filing a complaint

In certain instances, you can tell us your choices about what we share. If you have a clear preference for how we share your info in the situations below, talk to us. Tell us what you want us to do, and we will follow your request.

**In these cases, you have both the right and choice to tell us to:**

- Share info with your family, close friends, or others involved in your care
- Share info in a disaster relief situation
- Include your info in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may share your info. We will do this if we believe it is in your best interest. We may also share your info when needed to lessen a serious and active threat to health or safety.*

**In these cases we never share your info unless you give us written permission:**

- Sale of your info
- Most sharing of psychotherapy notes



**813-689-2273 | [bellspecialtypharmacy.com](https://bellspecialtypharmacy.com)**

# Our Uses and Disclosures

How do we typically use or share your health info?

## Treat you

- We use and share your health info with other people treating you.

- **Example:** *A doctor treating you for an injury asks another doctor about your overall health.*

## Run our company

- We can use and share your health info to run our practice, improve your care and contact you.

- **Example:** *We use health info about you to manage your treatment and services.*

## Bill for your services

- We can use and share your health info to bill and get payment from health plans or other organizations.

- **Example:** *We give info about you to your health insurance plan so it will pay for your service*

# How else can we use or share your health information?

We are allowed or required to share your info in other ways. Usually, these ways serve the public good, such as public health and research. We must meet many legal conditions before we can share your info in these ways. **For details, see: <https://www.hhs.gov/hipaa/for-individuals/medical-records/index.html>.**

## Help with public health and safety issues

We can share health info about you for certain cases such as:

- Preventing disease
- Helping with product recalls
- Reporting reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your info for health research.

## Comply with the law

We will share info about you if state or federal laws require it. We will share info with the Department of Health and Human Services, if required, to verify that we're following federal privacy law.

## Respond to organ and tissue donation requests

We can share health info about you with organ donation organizations.

**Work with a medical examiner or funeral director**

We can share health info with a coroner, medical examiner, or funeral director when a person dies.

We can use or share health information about you:

**Address workers' compensation, law enforcement and other government requests**

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions. These may include military, national security and presidential protective services

**Respond to lawsuits and legal actions**

We can share your health info in response to a court or administrative order or subpoena.

## Duties

- We are required by law to maintain the privacy and security of your protected health info.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your info.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your info other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

**<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>**.

## Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all info we have about you. The new notice will be available upon request, in our office, and on our website.

## This Notice of Privacy Practices applies to the following organization.

*Bell Pharmacy 001*

*3535 Central Avenue, St. Petersburg, FL, 33713*

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

*Privacy policy contact: Martin Northrop*

*Email: [bellcommunityrx@gmail.com](mailto:bellcommunityrx@gmail.com)*

*Phone: 813-689-2273*

# Complaint Process

We work hard to treat every customer with respect and care. Talk to us if you have a suggestion for improving our policies or business practices. If we have fallen short in any way, please let us know.

We will look into any serious complaint and handle your case in a way that's fair and respectful. Your good health is our most important concern. We will not let our investigation get in the way of our care for you as a patient.

## Once a complaint has been filed:

- We will contact you within five calendar days by phone, mail or email. We will let you know that we have received your complaint. We will also tell you about any steps we are taking to look into your issue.
- Within 14 calendar days, we will notify you about the results of our investigation. At this time, we will let you know how we plan to resolve your complaint.

## For complaints about your medicine:

Call us at **1-833-669-4377** and ask for the compliance officer or pharmacist in charge. You can also contact us using the contact page on our website, **[bellspecialtypharmacy.com/contact](https://bellspecialtypharmacy.com/contact)**.

# Medicare Prescription Drug Coverage and Your Rights

## To file a complaint:

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 a 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.

**PRA Disclosure Statement** 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 collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

## **Payment and Insurance**

Bell Specialty Pharmacy is an in-network provider for most major insurance companies. Medicines are most often available with an affordable co-pay. We will review these out-of-pocket costs with you.

### **What If Your Prescription Is Not Covered?**

We will consult with your doctor and insurance company if your medicine is not covered. Together, we will work to make sure you get medicine that works that you can afford.



## **Health Insurance**

Bell Specialty Pharmacy accepts your health insurance and files claims for reimbursement for equipment and supply charges.

- You must provide all insurance information necessary to file your claim if the pharmacy cannot retrieve it on your behalf (including any secondary insurance if applicable).
- Notify us promptly about changes to your insurance or loss of insurance coverage.
- We do not guarantee coverage or payment of insurance claims.
- It is your responsibility to assist us with obtaining the documentation required to bill your insurance carrier.
- You will be responsible for payment if we do not receive all necessary documentation to bill your insurance.
- Charges not covered and paid by your specified insurance carriers are your responsibility to pay.
- Assignment of benefits to a third-party does not relieve your obligation to ensure full payment.

## **Health Insurance**

We may accept Medicare Part B assignment, billing Medicare directly for our allowed charges. In most cases, Medicare pays 80% of allowed charges and the beneficiary is responsible for what Medicare does not cover and any deductible.

In many cases, the deductible and 20% is paid if you have other insurance.

### **We notify you if:**

- Medicare denies a claim.
- We will appeal claims denied by Medicare (and non-assigned claims only upon request).
- Payment becomes your responsibility if you keep the equipment.
- Bell Specialty Pharmacy is deemed “Out of Network.”
- The explanation of charges will be provided in writing along with the receipt.

## **Medicaid**

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification.

## **Private Insurance**

We may bill private insurance carriers upon verification and approval of coverage status and medical justification.

## **Managed Care**

We will provide equipment upon approval and authorization from your managed care representative.

## **Payments**

We accept credit cards, money orders or checks.

## **Account Changes**

Notify us immediately if any of the following changes:

- Contact number
- Mailing address
- Email address
- Physician
- Insurance Information
- Preferred method of payment
- Bank account or credit card information

# Emergency Preparedness: Five Things You Can Do to Prevent Infection

It is important to try and avoid contagious diseases like the flu and the common cold. Follow these five easy steps to prevent the spread of infection.

## **Clean Your Hands**

Wash thoroughly for at least 15 seconds. Use soap and warm water (be careful of the water temperature and use a temperature that is comfortable for you). Clean your hands after visiting a place of business, before handling or eating food, after visiting someone who is ill, after playing with a pet, after changing a diaper, etc.

## **Cover Your Mouth And Nose**

Germ can travel 3 feet or more when you sneeze or cough. Always cover your mouth to prevent the spread of infection. You can sneeze or cough into a tissue or at the bend of your elbow. Always make sure you clean your hands right away after sneezing or coughing.

## **Avoid Close Contact With Others If You Are Sick**

If you are sick, stay away from others (if possible) and do not touch or shake hands with people. If you are visiting the doctor for treatment, call ahead and ask if there is anything you can do to further prevent spreading an infection.

## **Get Your Vaccinations**

Make sure you are up-to-date on your vaccinations from your healthcare provider. Vaccinations are available for: chicken pox, measles, tetanus, shingles, mumps, meningitis, hepatitis, pneumonia, and flu (influenza).

## **Ask Your Healthcare Providers To Wash Their Hands And Wear Gloves**

Healthcare providers meet lots of bacteria and viruses. Do not be afraid to ask them if they should wear gloves or other forms of PPE (personal protective equipment) before they treat you.

# Patient Emergency Plan

It is important to have a general plan when preparing for an emergency. The following tips could be helpful during your preparation.

## Make a List

- Medications
- Medication information
- Allergies
- Copies of health insurance cards
- Contact information

## Have on Hand

- 2-week supply of medication
- Cell phone
- Flashlights and batteries
- First aid kit
- Battery-operated radio

## Evacuation Plans

- Know emergency numbers
- Know where your nearest emergency shelter is located
- Have an emergency bag ready to go
- Arrange for assistance if you cannot evacuate yourself
- Have a plan for your pets
- Plan to have pet medication, food, and accessories

## Essential Items

- Health information
- Cell phone
- Essential medications
- Flashlight and batteries
- Copies of prescriptions
- Emergency food

Should you have any questions during your preparation or in the event of an emergency, do not hesitate to call your Bell Specialty Pharmacy representative at 813-689-2273.