Guardian®
pharmacy
Maine

Dear Resident and Family Members,

Please allow me to introduce myself and our pharmacy. My name is Courtney Doherty Oland. I am a pharmacist, President, and member of the Ownership group at Guardian Pharmacy of Maine. We are very pleased to be the preferred pharmacy for the community in which you or your family member lives. It is an honor to have the opportunity to serve your community.

Guardian Pharmacy of Maine is in Brunswick and is a locally owned member of the Guardian Pharmacy family of pharmacies. Our local team has more than 300+ years of combined pharmacy experience in senior care communities.

The Guardian Pharmacy of Maine team has several very helpful tools and programs that can save you money and time as well as services which help the community's staff tremendously.

Services Guardian Pharmacy of Maine provides:

- **Daily Delivery**, 7 days a week free of charge and part of Guardian's service to you.
- **Emergency Service** to meet resident's medication needs 24 hours/ 365 days.
- **Pharmacists who specialize in your community's needs to closely monitor** for appropriate medications, changes, and dosages, while ensuring they are compatible and safe.
- **Consultant Pharmacist who provides both on-site and consulting services to the community and work in the pharmacy operation in Brunswick.** This is unique to Guardian Pharmacy of Maine, and we feel this allows us to provide the highest level of service to our communities and customers. The consultant visits the community regularly and our entire team can provide clinic and regulatory support.
- **Specialized packing of medications** to help ensure the Right Medication, for the Right Resident, in the Right Dosage, by the Right Route, at the Right Time. We offer single dose bubble packaging to ensure safety, infection control and compliance. This specialized packaging is provided at no additional cost.
- **Pharmacy Billing Specialists** who work to get your medications paid through your insurance benefit. Insurance plans often require an approval process for expensive medications. Guardian Pharmacy's billing specialists work on your behalf to get medications approved. The Guardian Pharmacy Claims Management Program allowed Guardian of Maine billing specialists to save our customers money, reducing monthly their pharmacy costs by an average of $300 per patient for medications that required insurance approval.

Guardian Pharmacy of Maine, LLC
3 Business Parkway Ste #2
Brunswick, ME 04011
Phone: 207-373-9077 • Fax: 207-373-9088

Guardian® pharmacy Maine

- **Guardian Pharmacy provides all services from one location,** which means better service for you. With one phone number to call, you have access to the entire team of specialists that provide your pharmacy services.

While residents have the right to choose their pharmacy provider, we stress that state regulations place increasing responsibility for accurate medication administration on communities. With that responsibility, Spaulding Family Services must define uniform standards for labeling, packaging, storing, processing, and administering of drugs. These uniform standards are essential in assuring that all residents are protected from medication errors. Guardian Pharmacy provides expertise in this area, and many others, to ensure that your community continues to meet the increasing regulatory requirements placed upon the delivery of medication services.

Please feel free to visit our website *wwww.guardianpharmacymaine.com* to read a little about our story. Thank you for this opportunity and Welcome!

Sincerely,

Courtney Doherty Oland R.Ph. MBA - President
Guardian Pharmacy of Maine
3 Business Parkway Suite 2
Brunswick, Maine 04011
"Where Personal Service is Powerful Medicine"

RESIDENT ENROLLMENT FORM

Guardian® pharmacy Maine

RESIDENT INFORMATION

RESIDENT NAME _____
[FIRST] [MIDDLE INITIAL] [LAST]

SSN# ___-___-____ DOB ___/___/____ MEDICARE ID# _____ □ MALE □ FEMALE

COMMUNITY NAME _____ APT# _____

PRIMARY CARE PHYSICIAN _____ PHYSICIAN PHONE _____

DRUG ALLERGIES _____

PRESCRIPTION DRUG INSURANCE

PRESCRIPTION INSURANCE PLAN _____ CARDHOLDER ID# _____

RX GROUP# _____ RX BIN# _____ PCN# _____

RELATIONSHIP TO CARDHOLDER: □ SELF □ SPOUSE □ OTHER _____

**A PHOTO COPY OF THE INSURANCE CARD [FRONT AND BACK] MUST BE INCLUDED FOR THE PHARMACY TO PROCESS INSURANCE*

RESPONSIBLE PARTY INFORMATION

PRIMARY _____ RELATIONSHIP TO RESIDENT _____
[FIRST] [LAST]

PHONE _____ □ HOME □ CELL EMAIL _____

ADDRESS* _____
[STREET] [CITY] [STATE] [ZIP CODE]

**MONTHLY STATEMENTS WILL BE MAILED TO THIS ADDRESS*

SECONDARY* _____ RELATIONSHIP TO RESIDENT _____
[FIRST] [LAST]

PHONE _____ □ HOME □ CELL EMAIL _____

**SECONDARY MUST BE COMPLETED IF RESIDENT IS LISTED AS PRIMARY CONTACT*

Guardian® pharmacy Maine

RESIDENT ENROLLMENT FORM

PAYMENT INFORMATION

A valid credit card or ACH payment method is required to be enrolled in our auto payment option. Please fill out one of the boxes below based on your preferred payment method.

ACH / Checking Account

NAME OF BANK _____ NAME ON ACCOUNT _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Credit Card

TYPE OF CARD (circle): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD _____ CARD NUMBER _____

BILLING ADDRESS _____ EXPIRATION (MMYY) _____/_____

_____ SECURITY CODE _____

*VISA/MC/DISCOVER: 3 digits on back of card
*AMEX: 4 digits on front of card

Please select an option below and sign.

☐ *I wish to pay automatically by credit card each month – please enroll me in auto-pay.*

☐ *I wish to pay automatically by electronic check each month – please enroll me in auto-pay.*

☐ *I will mail in payment by check each month, pay monthly via online credit card/ACH portal*, or call to pay by phone each month, promptly after receipt of Guardian's statement. ***

*If using the online credit card/ACH portal, you may enroll yourself for automatic payments

**if payment is not received from resident within 60 days, Guardian will attempt to contact the responsible party. After which, if payment still has not been received, payment will be drafted from ACH account or credit card on file. ACH account or credit card will only be used after Guardian notifies responsible party of non-payment of an outstanding balance. Guardian reserves the right to withhold services if payment is 90 days or more past due and no good faith effort has been made to bring the balance current. Payments that remain delinquent may be turned over to collections and reported to credit reporting agencies.

RESIDENT OR RESPONSIBLE PARTY SIGNATURE _____

Date

PHARMACY SERVICES AGREEMENT

GUARDIAN PHARMACY OF MAINE
3 BUSINESS PARKWAY SUITE 2 BRUNSWICK, ME 04011
207-373-9077 phone | 207-373-9088 fax

This is an agreement for pharmacy services with GUARDIAN PHARMACY OF MAINE and

_____ And _____
[RESIDENT] [RESPONSIBLE PARTY]

In exchange for GUARDIAN PHARMACY OF MAINE's agreement to provide me with medications, I agree to the following terms and conditions:

1. **AUTHORIZATION FOR MEDICAL TREATMENT.** I authorize GUARDIAN PHARMACY OF MAINE, at the direction of my physician, to provide medications to me. I certify that no guarantee or promise, express or implied, has been made to me in conjunction with the medications that have been prescribed for me.
2. **MEDICAL RESPONSIBILITY.** I understand that I am under the supervision and control of my attending physician and that my physician has prescribed the medication therapy that is being supplied by GUARDIAN PHARMACY OF MAINE. GUARDIAN PHARMACY OF MAINE does not provide diagnostics, prescriptions, products, or other functions unless otherwise authorized in writing by a physician. Accordingly, I understand that it is solely the responsibility of my physician to advise me on prescription medications and therapies, including why they are part of my treatment and how they may impact my condition.
3. **FACILITY INVOLVEMENT.** I understand and agree that to provide me with the best treatment possible, GUARDIAN PHARMACY OF MAINE may share health information related to my medical condition, treatment, medication regimen, etc. with my long-term care facility or any of my treating physician. In recognition of this need, I authorize GUARDIAN PHARMACY OF MAINE to share any necessary patient health information related to me with my facility or physician. I also authorize facility personnel to order medications, or other health care products that I may need, on my behalf.
4. **FINANCIAL RESPONSIBILITY.** In consideration of GUARDIAN PHARMACY OF MAINE supplying me with physician-requested products or services, I agree and accept responsibility for the payment of all sums that may become due for medications provided to me by GUARDIAN PHARMACY OF MAINE. If, for any reason, GUARDIAN PHARMACY OF MAINE does not receive payment from my insurer or a third-party payor that is obligated to pay for my medications, I do hereby agree to pay GUARDIAN PHARMACY OF MAINE directly for the unpaid balance within thirty (30) days of each monthly statement date. A credit card may be required to secure your account.
   Some commercial insurance plans do not cover Long Term Care (LTC) Services. If your plan does not cover these services, a fee for LTC services received may be reflected on your statement.
5. **PAYMENT OF BENEFITS.** I authorize GUARDIAN PHARMACY OF MAINE to submit a claim(s) to my insurance carrier or a third-party payor that is obligated to pay for all covered prescriptions or durable medical equipment. I further direct my insurance carrier or third-party payor to issue any payments directly to GUARDIAN PHARMACY OF MAINE.
6. **ASSIGNMENT OF BENEFITS.** I authorize GUARDIAN PHARMACY OF MAINE to request and collect on my behalf all public and private benefits due for the products and services supplied by GUARDIAN PHARMACY OF MAINE. In the event any payments are made directly to me, I agree to promptly endorse and forward such payment to GUARDIAN PHARMACY OF MAINE.
7. **UNPAID INVOICES.** GUARDIAN PHARMACY OF MAINE encourages residents to keep their accounts in good standing. However, if my account becomes past due, I agree that any amounts outstanding for more than thirty (30) calendar days shall bear interest from the due date of such invoice, at the lesser of one and a half percent (1.5%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs or expenses incurred by GUARDIAN PHARMACY OF MAINE related to collection efforts, including reasonable attorneys' fees and court costs.
8. **WITHHOLD SERVICES.** GUARDIAN PHARMACY OF MAINE reserves the right to discontinue services to my account if I have not paid the account in full within 90 days. Payments that remain delinquent may be turned over to collections.
9. **RELEASE OF INFORMATION.** I authorize any insurer or third-party payor who provides me with coverage to disclose to GUARDIAN PHARMACY OF MAINE any information regarding such coverage, including but not limited to the scope and extent of coverage available, as well as information related to any payments made on my behalf for services rendered by GUARDIAN PHARMACY OF MAINE. I also authorize all medical personnel to disclose information to GUARDIAN PHARMACY OF MAINE relating to my medical history as it related to pharmacy services or therapy.
10. **HIPAA AUTHORIZATION.** I give permission to GUARDIAN PHARMACY OF MAINE to use or disclose certain aspects of my health information to: the individual listed as my personal representative, my long-term care facility, federal and state health agencies, insurance companies, third-party data aggregators, pharmacy benefit managers, and other health-related agencies.

Signature [Resident or Responsible Party]: _____ **Date:** _____

Guardian® pharmacy Maine

NOTICE OF PRIVACY PRACTICES [http://guardianpharmacymaine.com/hippa-privacy-policy/]

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S privacy practices and have been given an opportunity to review the document and ask questions to assist my understanding of resident's rights relative to the protection of resident's health information. I know that I can access the Notice of Privacy Practices on the Guardian Pharmacy website at [http://guardianpharmacymaine.com/files/2017/09/Notice-of-Privacy-Practices.pdf]. I further acknowledge that I am satisfied with the explanations provided to me and am confident that GUARDIAN PHARMACY OF MAINE is committed to protecting my health information. I certify that I have read and understand this agreement:

NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S Notice of Non-Discrimination and Complaint Procedures and have been given an opportunity to and did review the document including the free disabilities aids and language services available and was given an opportunity to ask questions to assist my understanding of it. I am confident I understand my rights and my options if I believe I have been discriminated against or guardian has failed to provide certain services.

INJURY, INFECTION AND EMERGENCY PREPAREDNESS

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S Injury, infection, and emergency preparedness protocol and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

PAYMENT INFORMATION

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S payment information and understand the available ways to pay my bills and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

I UNDERSTAND AND HAVE REVIEWED THE NOTICE OF PRIVACY PRACTICES, THE NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES, INFECTION AND EMERGENCY PREPAREDNESS, AND THE PAYMENT INFORMATION DOCUMENTS AND AGREE TO BE BOUND BY THEM.

Signature [Resident or Responsible Party]: _____ **Date:** _____

BILL OF PATIENT RIGHTS AND RESPONSIBILITIES

As our customer, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

RIGHTS: As the patient/caregiver, you have the right to:

- Be treated with dignity and respect
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment
- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care
- Be notified in advance of any change in your plan of care and treatment
- Be provided equipment and service in a timely manner
- Receive an itemized explanation of charges
- Be informed of company ownership
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property
- Be informed of potential reimbursement for services under Medicare, Medicaid or other 3rd party insurers based on the patient's condition and insurance eligibility
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third-party insurers. (to the best of our knowledge)
- Be notified within 30 working days of any changes in charges for which you may be liable
- Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed, if Guardian Pharmacy of Maine is unable to provide services then we will provide alternative resources
- Purchase inexpensive or routinely purchased durable medical equipment
- Expect that we will honor the manufacturer's warranty for equipment purchased from us
- Receive essential information in a language or method of communication that you can understand
- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected
- To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law

CLIENT RESPONSIBILITIES: As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Participation as in the plan of care/treatment.
- Notify the company of any change in condition, physician orders, or physician.
- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses,
- Hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

OUR RIGHTS: As your pharmacy of choice, we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our pharmacy to secure medication or personal care products.
- To refuse services to anyone who enters our pharmacy and is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.

NOTICE OF NON-DISCRIMINATION

Guardian pharmacy Maine

Guardian Pharmacy, LLC and its related entities, including Guardian Pharmacy of Maine, comply with applicable federal, state and civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected status. In addition, Guardian:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Auxiliary aids and services
- Written information in other formats

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Guardian Pharmacy of Maine at 207-373-9077.

If you believe that Guardian has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other protected status, you can file a grievance with *Guardian's Compliance Department* by calling 1-866-827-5477.

If you feel your concern is not addressed you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

COMPLAINT PROCEDURES

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services.
The telephone number is 1-866-827-5477; when you call you will be directed to a compliance specialist.

If you follow this process, we will ensure your concerns will be reviewed, investigated and responded to in accordance with state and federal regulations.

MEDICARE PATIENTS

If your concern is not addressed, you can file a complaint/or speak to a customer service representative at Medicare by calling 1-800-MEDICARE or 1-800-633-4227

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 207-373-9077

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 207-373-9077

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 207-373-9077

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 207-373-9077

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 207-373-9077

JAPANESE

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 207-373-9077 までお問い合わせ下さい。

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 207-373-9077 kostenlos zur Verfügung.

FARSI

توجه: اگر به زبان فارسی گفتگو می کنید, تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 207-373-9077 تماس بگیرید.

LANGUAGE ASSISTANCE LINE

Guardian pharmacy Maine

If you need help or speak a non-English language, call 207-373-9077 and you will be connected to an interpreter who will assist you at no cost.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 207-373-9077

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 207-373-9077

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 207-373-9077

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 207-373-9077

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 207-373-9077 로 연락주시기 바랍니다.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 207-373-9077

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 207-373-9077

ARABIC

ملحوظة: إذا كنت تتحدث اللغة العربية، فتتوافر لك خدمات المساعدة اللغوية المجانية. اتصل برقم 207-373-9077