

Thompson Pharmacy Patient Pack

Free Custom Medication Packaging Service

Phone: 814-944-6139 Fax: 814-942-1052

600 E Chestnut Ave, Altoona PA 16601

<http://thompsonpharmacyltc.com/>

Patient Pack Retail Program Patient Agreement

We are pleased to welcome you to the Thompson Pharmacy *Patient Pack* program, our monthly coordinated medication packaging program.

Advantages of participating in this program include:

- Increased convenience- a single pharmacy trip or delivery each month. A hands off process for the patient after the initial agreement/appointment and any therapy changes. Rxs filled, delivered and paid for all at one time each month.
- Peace of mind from being able to have all of your medications planned out for you. Never wonder about filling a pill box or wonder about a missed dose again.
- State of the art strip packing system, increases safety and patient convenience.
- Never worry about missing common vitamins or OTC medications. We can include many OTCs or vitamins in your daily *Patient Pack* See *OTC formulary for details*.
- Automatic refills of maintenance medications each month. Even Rxs that need refills are taken care of for you.
- Automatic payment- copays charged to credit card provided on a monthly basis.
- Automatic delivery to your door at no extra charge.
- All of this is **FREE** by simply enrolling in our program and bringing all applicable prescriptions to your favorite Thompson Pharmacy location.
- For a limited time, get a free dispenser to store your Patient Packs.

I hereby agree:

- To accept a phone call each month from the pharmacy to discuss my prescription refills.

- To accept delivery or to pick up medications on the date assigned and agreed to each month.
- If necessary, to pay an extra copay one time for each medication in order to make all refills due on the same day. (we will do everything possible to avoid any extra fees)
- Fill as many non **Patient Pack** Rx at Thompson Pharmacy as possible to improve compliance and therapeutic benefits of the program.
- To keep a valid credit or debit card on file for copays to be charged automatically every month
- To keep an open dialogue with my pharmacist regarding doctor appointments, hospital/ ER visits, OTC medications or supplements and changes in general health status.
- Thompson Pharmacy can not accept any medications (Rx or OTC) from a patient that has been purchased or dispensed from any other source to be put into the Patient Pack.
- Please allow 3 days for us to gather all new patient information for processing. New patients will be contacted for pickup or delivery information.

I have read this document, understand it, and have had all questions answered.

Patient Name

Patient Signature

Date

Pharmacist Signature

Date

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HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

Thompson Pharmacy
600 E Chestnut Ave
Altoona, PA 16601
814-944-6139

I (Patient's Name) _____ hereby authorize
Thompson Pharmacy to bill my monthly prescription charges to my (please
circle) **Mastercard/Visa** number _____ - _____ - _____ with
Expiration date _____ and three digit security code _____. These will be
monthly charges until the patient notifies the pharmacy to terminate services being
provided.

Signature Date _____

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