



Patient Welcome Packet

At **Benzer Specialty Pharmacy** our mission is to provide patients, customers and peers with personalized, professional and FREE health advice from our highly trained and courteous staff of pharmacists and health professionals. We strive to maintain the well-being of the local community and its residents as the utmost importance. Our commitment to you is to provide quality and affordable products from a company with exceptional community and family values. Get better with Benzer!

Benzer Specialty Pharmacy is located at:

301 Havendale Blvd
Auburndale, FL 33823

Hours of Operation:

M - F : 8am - 6pm

Sat: 10am - 1pm

Local Numbers

Tel: (863) 875-5700

Fax: (863) 875-5619

After Hours and Toll-Free Phone Number:

(A pharmacist is available 24 hours a day, 7 days a week)

(866) 634 - 9965

Alternatively, you may email us at:

info@benzerpharmacy.com

Our Website:

www.benzerspecialtypharmacy.com



Dear New Patient,

Thank you for choosing Benzer Specialty Pharmacy for your specialty medication needs! Enclosed in this document you will find:

***Please COMPLETE, SIGN, and RETURN these documents to Benzer Specialty Pharmacy:**

- Patient's Rights and Responsibilities**
- Customer Credit Card Authorization Form**
- Customer Satisfaction Survey**
- Patient Acknowledgement of Receipt**

Please keep the following documents for your records:

- Patient Management Program Information Sheet**
- Notice of Privacy Practices**
- Community Resource List**
- Complaint Protocol**

PLEASE complete and sign the Patient's Rights and Responsibilities, Credit Card Authorization Form, Satisfaction Survey, and Patient Acknowledgement of Receipt documents and return them to us at your earliest convenience in the self-addressed stamped envelope that is enclosed.

If there are ever any future changes to your contact information, insurance, address or doctor, please tell Benzer Pharmacy *immediately*.

Customer care is our first priority. Please let us know if there is anything else we can do to make your home health experience a more enjoyable one.

Thank you for choosing Benzer Specialty Pharmacy. We look forward to taking care of your specialty pharmaceutical needs!



FAQ's

(Frequently Asked Questions)

Q: How can I order refills on my medications?

A: Please expect a courtesy phone call about a week before your next refill from a Benzer Specialty Pharmacy Patient Care Advocate. The Patient Care Advocate will confirm with you that you are still taking the medication and are not having any unbearable side effects. If an "authorization" is required for a prescription from either the doctor or insurance company, our staff will inform you and take the necessary steps to acquire the authorization. You may also order refills yourself by calling 866-634-9965 or at www.benzerpharmacy.com.

Q: How and when do I pay?

A: You will be notified of your cost by our staff once a prescription is processed. At the time, our staff can answer questions related to your prescription cost, such as further explaining your out-of-pocket cost, deductibles, co-payments, co-insurance, limits, etc. You may be eligible to be enrolled into prescription drug assistance programs to assist you with out-of-pocket costs. Ask a Benzer Specialty Pharmacy staff member for more details or to request assistance on navigating these applications.

Q: What if I want more information on my medication?

A: When you receive your prescription we will include a Medication Guide to inform you about the medication you are receiving, however if at any point you have any additional questions, our staff is available to you to answer any questions you may have. If you prefer to read more information, we can also email you or mail evidence-based educational materials to your house. Our knowledgeable pharmacist is always present at the pharmacy between 8am and 6pm on Monday through Friday and from 10am to 1pm on Saturdays. If you have a clinical question after business hours, call us toll free at 1-866-634-9965 to reach a pharmacist 24 hours a day, 7 days a week.

Q: What if the Pharmacy can't fill my medication?

A: In the event we are unable to fill a medication ordered by your physician, Benzer Pharmacy will find out exactly where you are able to fill the prescription and how you will be able to receive it and send the ordered prescription to the appropriate Pharmacy. Once everything is transferred and confirmed our personnel will then reach out to you and provide you with all the details of where your medication will be coming from.



FAQ's continued...

Q: What will happen if my insurance decides to stop covering my medication?

A: There are times when patient's prescription drug coverage may undergo changes, in which they may rework their preferred drug lists. If this happens, our Pharmacy staff will first reach out to you to make you aware of the change in drug coverage and then contact your physician for an alternate option that will ideally save you the most money and still give you the best care for your condition.

Q: How will I get my medication in the event of an emergency?

A: In case of a natural disaster and you are unable to receive your medication at your home address, we are able to ship the medication to any medication designated by the patient (i.e.: storm shelter, physician's office, friend/family member's home, etc.) If you have not received your medication by the expected delivery date, our Pharmacy will reach out the courier to track the delivery and location status of the package. Benzer Pharmacy will always make sure that you have a non-stop supply of your medications.

Q: How do I find out the status of my prescription order?

A: As soon as we receive the prescription request from your Physician, it is our policy to immediately reach out to you to inform you that the order is in process. We will update you along the way with the current status of the medication. You will be notified of any co-pays, if we have to submit any additional paperwork the insurance to get the medication approved, or if we have to substitute the medication with a generic equivalent and when your medication will be shipped and delivered to you. You are always welcome to contact the pharmacy at any time to ask the status of your order or for patient consultation of medications and side effects at 866-634-9965. You may also visit our website at www.BenzerPharmacy.com or email us at info@benzerpharmacy.com.

Q: What steps do I take to find out if I have a new prescription insurance plan?

A: If at any time your prescription drug coverage changes, we will notify you and provide you with the contact information to the insurance plan and walk you through the steps on how to get this information. We are also available to assist you in navigating different insurance plans if you are trying to switch plans yourself.

Q: How do I report a medication error or hazard?

A: The Institute for Safe Medication Practices (ISMP) operates a confidential, national, voluntary medication error reporting program. To report a medication error or vaccine error, visit [ISMP Medication Errors Reporting Program \(MERP\)](http://www.ismp.org). Their website is <https://www.ismp.org>. The information provided is protected, safe and confidential. You may also file a complaint with your insurance company directly by calling the toll free number for Member Services on the back of your insurance card.



FAQ's continued...

Q: Will you let me know if there is ever a safety issue with my medication?

A: Sometimes medications are recalled by the manufacturer if there is a safety concern. If this happens, we will notify you and your doctor and give you the next steps to take, if necessary. This information can also be found online at <http://www.fda.gov/Safety/Recalls/default.htm>. If you ever have any questions regarding any of these procedures, feel free to call and ask our Pharmacist.

Q: What is the best way to dispose of my old medications?

A: Benzer Pharmacy wants to make sure you have the most accurate, up-to-date information when it comes to disposing your old medications so we ask that you call our Pharmacist so we can tell you how the best way to do this, using manufacturer guidelines.

Q: What do I do if I experience side effects?

A: If you experience a serious life-threatening reaction from your medication, go to the nearest Emergency Room immediately or dial 911. If you experience a mild adverse reaction, Benzer Pharmacy encourages you to call us so our Pharmacist can discuss it with you, and then we will notify your doctor for you and determine how he/she would like to handle the side effects.

Q: Will you ever substitute my medication for a different one?

A: Benzer Specialty Pharmacy is located in Florida where the substitution law states that a pharmacy must dispense a less-expensive generic but only if the FDA has determined that the generic is equal in effectiveness. That being said, you or your doctor may request that a branded medication must be used, and our Pharmacy staff will go over any price differences with you over the phone. If you have any questions or concerns on our substitution procedures, feel free to call us at 866-634-9965.



Patient Management Program (PMP) Overview

Benzer Pharmacy Specialty Pharmacy Patient Management Program proactively works with patients in a number of chronic disease states to provide specialty pharmaceuticals and therapy management support services to obtain optimal therapeutic outcomes thus avoiding adverse drug events and unnecessary costs. Pharmacists' roles are shifting from dispensing medications to direct clinical practice and becoming valued providers of clinical pharmaceutical care and part of the healthcare team for the patients.

When a patient receives their medication this does not guarantee improved health, as a medication's success relies on the patient taking the medication according to the prescribed directions. Non adherence is a multifaceted issue that is linked to both behavioral and system barriers and as a result, many patients do not take their medications as prescribed. It is the goal of Benzer Pharmacy's Patient Management Program to provide the appropriate education, support and communication to improve the patient's self-management/adherence of their medication regime. It is based on five (5) core elements:

- Medication therapy review
- Personal medication record
- Medication-related action plan
- Intervention and/or referral
- Documentation and follow-up

As a Specialty Pharmacy, Benzer Pharmacy offers consistent patient management, specialized clinical staff that provide patient support and focus on patient adherence to therapy. The program promotes enhanced patient understanding, increased adherence to medication regimens and prevention and detection of adverse drug events and patterns of over-use and under-use of prescription drugs. Benzer Pharmacy has developed a proactive refill management and medication adherence monitoring. Reminder calls and mailings are sent to patients prior to refill date. The pharmacist and/or support staff will contact the patient in a timely fashion if inadequate adherence is identified.

Unfortunately, Benzer Pharmacy's Patient Management Program cannot take the medications for the patient, so that means the program is susceptible to limitations. It is a possibility that the patient's actions can adversely impact the potential benefits of the patient management program by not following directions properly or not being compliant to therapy.

This is an opt-in program.

Patient Management Program Information Sheet

Benzer Pharmacy believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy. Benzer Pharmacy provides a Patient Management (PM) Program to those patients receiving specialty medications. The PM services provide help for consumers to understand, manage and comply with their drug treatment. In addition, it provides assistance to those patients experiencing difficulty taking, obtaining or following their medication schedule. Benzer Pharmacy's patient management services include the following:

- A health assessment of the patient
- Education and counseling with the Pharmacist, designed to enhance patient understanding and appropriate use of his/her medications
- Information and resources designed to enhance patient compliance with specialty drug administration.
- Coordination of healthcare services, with providers, and other healthcare professionals participating in the patient's care
- Care planning to ensure treatment goals meets the patient's needs and are shared among the patient's providers

Why Use Patient Management Services?

Benzer Pharmacy believes that patients may gain the following potential health benefits by participating in the Patient Management Program:

- Improved knowledge of medication use and administration
- Improved medication compliance by creating an individualized plan for the patient to make sure medication doses aren't missed
- Improved ability to manage difficult side effects
- Greater self-management of medications and medical condition
- Improved coordination of healthcare services through the collaboration of your pharmacist and doctor
- 24/7 accessibility to a pharmacist or other clinical person

You will automatically receive these patient management services if you are taking a specialty medication for a chronic medical condition. However, you may request to not participate in the program at any time by calling Benzer Pharmacy at: (866) 634-9965.

The Patient Management Program is offered **FREE** to our patients.



Patient Management Program Patient Rights and Responsibilities

The Patient Management Program is offered to patients receiving specialty medications. Participation in the Patient Management Program provides the patient with greater knowledge, tools and clinical follow-up to promote self-management of their medical condition and medications.

Patients participating in the Patient Management Program have the following rights and responsibilities:

Patient Rights:

- To know about the philosophy and characteristics of the patient management program;
- To have personal health information shared with the patient management program only in accordance with state and federal law;
- To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested;
- To receive information about the patient management program;
- To receive administrative information regarding changes in or termination of the patient management program;
- To decline participation, revoke consent or dis-enroll from the program at any point in time.

Patient Responsibility:

- To submit any forms that are necessary to participate in the program, to the extent required by law;
- To give accurate clinical and contact information and to notify the patient management of changes in this information; and
- The responsibility to notify their treating provider of their participation in the patient management program

Patient Copy



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X _____

Signature of Patient, Parent or Guardian

Date



NOTICE OF PRIVACY PRACTICES

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

EFFECTIVE September 9, 2013 THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

The terms of this notice apply to all records containing your protected health information that are created, received, maintained or transmitted by our Company, our Business Associates and their subcontractors. We reserve the right to revise and amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our company has created or maintained in the past, and for any of your records we may create, receive, maintain or transmit in the future. Our Company will post a copy of our most current notice in our offices in a prominent location and on our website. You may request a copy of our most current notice by telephone, in writing or by e-mail.

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

Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185.

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

The following categories describe different ways in which we may use and disclose your identifiable health information. Except for the purposes described below, any other uses or disclosures of protected health information not covered by this notice to include for the purposes of marketing or disclosures that would constitute a sale of your protected health information and or the laws that govern us will only be made with your written authorization.

- 1. Treatment.** Our company may use and disclose your protected health information for your treatment and to provide you with treatment related services. For example, we may disclose health information to doctors, nurses, or other personnel, including people outside our office / company, who are involved in your medical care and need the information to provide you with medical care.
- 2. Payment.** Our company may use and disclose your protected health information in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your services and home healthcare items to determine if your insurer will cover, or pay for, these services and items. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your protected health information to bill you directly for services and items not covered by health insurance.
- 3. Health Care Operations.** Our company may use and disclose your protected health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our company 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 company.
- 4. Business Associates.** Business Associates are parties with which we conduct business in order to provide you with our services which include but are not limited to provisions of medical equipment and its assembly, medical supplies, home delivery service of equipment and supplies, and medical billing to your health insurance payer, yourself or other designated parties. Our company may use and disclose your protected health information to Business Associates. Business Associates will be provided only with the minimum of health information necessary in order for them to perform the activities of their business that they conduct on our behalf.
- 5. Appointment Reminders.** Our company may use and disclose your protected health information to contact and remind you of visits/deliveries.
- 6. Health-Related Benefits and Services.** Our company may use and disclose your protected health information to inform you of health-related benefits or services that may be of interest to you.
- 7. Release of Information to Family/Friends.** Our company may release your protected health information to your family, a relative, a close friend or any other person you identify as involved in helping you pay for your health care, or who assists in taking care of you, unless you object. Please see "YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION" section of this Notice of Privacy Practices for further information.
- 8. Disclosures required by law.** Our company will use and disclose your protected health information when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES The following categories describe unique scenarios in which we or our Business Associates (only if or when applicable) may use or disclose your protected health information:

- 1. Public Health Risks.** Our company may disclose your protected health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records such as births and death
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential risk for spreading or contracting a disease or condition
- Reporting 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); we will only disclose this information if the patient agrees or we are required or authorized by law to disclose information.

2. Health Oversight Activities. Our organization may disclose your protected health information to a health agency for activities authorized by law. Oversight activities can include for example, investigations, 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 systems in general.

3. Lawsuits and Similar Proceedings. Our organization may use and disclose your protected 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 protected 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 or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release protected 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 contact
- Regarding criminal contact 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(s) or victim(s) of the crime, or the description(s), identity(ies) or location(s) of the perpetrator(s).

5. Serious Threats to Health or Safety. Our organization may use and disclose your protected 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 prevent the threat.

6. Military. Our organization may disclose your protected 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 protected health information to federal officials for the intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Workers' Compensation. Our organization may release your protected health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION You have the following rights regarding the protected health information that we maintain about you:

1. Inspection and Copies. You have the right to inspect and obtain a copy of protected health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185, in order to inspect and/or obtain a copy of your protected health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our company may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.

2. Electronic Copy of Electronic Medical Records. If your protected health information is maintained in an electronic format (that is, a digital electronic medical or health record), you have the right to request that an electronic copy of your record be sent or transmitted to you or to another individual or entity. Presently our organization doesn't utilize an electronic medical or health record format. However, if we at some point implement use of an electronic medical / health record format you will be eligible to request your health records in this format.

3. Right to Request Protected Health Information be Sent to Directly to Another Individual / Third Party. If you wish to have your protected health information sent to a third party your request must be made in writing and submitted to: Manish Patel - CEO (734) 728-4030, 6300

Commerce Dr, Westland, MI 48185. Your request must clarify the identity of the persons designated to receive this information and the address to which copies must be sent.

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 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: Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185. You must provide us with reasons that support 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. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your identifiable health information for payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your protected health information to individuals involved in your care or payment for your care, such as family members and friends. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we do agree we will comply with your request unless the information is required by law, or is needed to provide you with emergency treatment. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to: Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185. Your request must describe in a clear and concise fashion: (a) information you wish restricted; (b) whether you are requesting to limit our company's use, disclosure or both; and (c) to whom you want limits to apply.

6. Breach. You have the right to be notified upon a breach of any of your unsecured protected health information.

7. Accounting of Disclosure. 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 protected health information. In order to obtain an accounting of disclosures, you must submit your request in writing to, Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years from the date of your request. The first list you request within a 12-month period is free of charge, but our company 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.

8. Fundraising. Entities that may use or disclose your protected health information for the purpose of fundraising activities are required to inform you of such and offer you the opportunity to opt out of participation in any fundraising activities in which your protected health information may be used or disclosed. Our organization does not engage in any fundraising activities that would involve the use or disclosure of your protected health information.

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

10. 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: Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185, 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.

11. 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. To file a complaint with our organization, contact Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

12. 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. To obtain a paper copy of this notice, contact Manish Patel - CEO (734) 728-4030, 6300 Commerce Dr, Westland, MI 48185.

Community Resources

Auburndale Fire Department	863-965-5522
Auburndale Police Department	863-965-5555
Hospital (Winter Haven)	863-293-1121
Poison Control	1-800-222-1222
National Domestic Violence Hotline http://www.ndvh.org/	1-800-799-7233
Elder Abuse Hotline	1-800-922-2275
Child Abuse Hotline	1-800-422-4453
BrightStar Home Care (Kissimmee)	407-572-0070
Disabled Persons Protection Commission	1-800-426-9009
Meals on Wheels (Winter Haven)	863-299-1616

Patient Copy



Customer Satisfaction Survey

Thank you for allowing us to provide you Specialty Pharmacy services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

Date Completed:

Questions	Strongly Agree	Moderately Agree	Neutral	Mode-rately Disagree	Strongly Disagree
I am satisfied with the services received at Benzer Pharmacy					
Benzer Pharmacy met my service expectations					
My medication was dispensed in a timely manner					
My medication order was accurate					
The information received was helpful					
You have been able to reach by phone a person that can answer your questions					
You have received a clear explanation of the amount you have to pay after your insurance pays					
You have receive information on how to access Benzer Pharmacy for refills and other questions					
Pharmacy staff was respectful and polite					
Pharmacy staff provided efficient service					
Pharmacy staff answered my questions					
Pharmacy was cleaned and well organized					
Pharmacy staff provided me with health information					
I will bring my medication prescriptions to Benzer Pharmacy again					
If you have any comments about how Benzer Pharmacy can improve their service, please write them here.					



Benzer Pharmacy Complaint Procedure

Policy

Benzer Pharmacy values input from its customers to ensure they provide the best quality services. Benzer Pharmacy maintains a formal process to address customer complaints, responds in a timely manner, and utilizes this information to promote organizational improvement. A consumer complaint may emanate from the consumer/claimant receiving the benefits and services, a provider acting on the consumer's behalf, a family member or caregiver, and/or a prescriber

Procedure

I. The Complaint Process:

- A. Any Benzer Pharmacy staff can receive a complaint verbally or in writing. Staff will attempt to respond and satisfy the consumer in the moment, but if this is not possible staff will engage the formal complaint process.
- B. The staff member who receives the complaint will complete the Benzer Pharmacy Consumer Complaint Summary Form and document the following information:
 1. Date complaint received
 2. Complainant's name and contact information
 3. Relationship to the patient (if not the patient)
 4. Brief description of the nature of the complaint
- C. This information is then immediately sent to the Pharmacist in Charge or their delegate for follow-up and resolution.
- D. He/she reviews the information upon receipt and takes the appropriate actions:
 1. Provides the consumer with verbal and/or written acknowledgement of the complaint upon receipt or within five (5) business days of receipt. If the consumer's provider has initiated the complaint, he/she will also receive copies of the acknowledgement of the receipt of the complaint and resolution.
 2. Investigates the complaint and includes organization leadership as needed
 3. Provides a written complaint resolution letter within thirty (30) calendar days of receipt of the complaint.
- E. Should a patient want to escalate their complaint(s), the patient may file an additional complaint with their corresponding insurance carrier while concurrently undergoing the complaint process with Benzer Pharmacy.
- F. If Benzer Pharmacy cannot help the consumer solve their concerns, then the consumer may call ACHC at 1-855-937-2242 (accreditation agency that works with Benzer Pharmacy Specialty and Medicare Part B customers) or contact URAC at www.uranet.org/complaint (Benzer Pharmacy's accreditation agency that works with Specialty customers).
- G. Should the consumer feel their privacy rights have been violated, they may contact Benzer Pharmacy's Pharmacist in Charge or their delegate. The consumer may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights) (<http://hhs.gov/ocr/privacy/index.html>)

Patient Copy



Consumer Complaint Form

Name of Issuing the Complaint:

Relationship to Customer (Client):

Name of Customer (Client):

Customer (Client) Address:

Customer (Client) Primary Telephone #:

Customer (Client) Cellular Telephone #:

Customer (Client) E-mail Address:

If person issuing the complaint is different than the Customer (Client), does Customer (Client) authorize discussion of incident with this person: ___YES ___NO ___N/A

Complaint

Date occurred:

Hour occurred:

Specific Person(s) involved:

Describe Complaint (Be specific):

Action Expected:



CUSTOMER CREDIT CARD AUTHORIZATION FORM

Benzer Specialty Pharmacy accepts all major credit cards for payment of fees. To pay fees using a credit card, simply complete, sign and return this form back to us.

Please enter the name of the person or company this payment is being made for.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover (circle one)

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.



Please confirm that you received Benzer Specialty Pharmacy Welcome packet by signing and kindly send back to us in the enclosed postage paid envelope. Completed forms may be mailed to:

Benzer Specialty Pharmacy

301 Havendale Blvd

Auburndale, FL 33823

I received your Welcome Packet, which includes Hours of Operations; Bill of Rights, Privacy Notice, and I have read it carefully, signed it and sent it back to you as requested.

Print Name _____

Your signature _____

Your Address _____

Date _____

We are glad that you have chosen Benzer Specialty Pharmacy to service all your pharmacy needs!