



A Specialty Pharmacy

"Where the patient comes first!"



Welcome Packet

www.biotekrx.com



2 Penns Way, Suite #404
New Castle, DE 19720

Introduction to Services

Welcome to **BioTek reMEDys**, the pharmacy providing your specialty medications.

BioTek reMEDys is a full service specialty pharmacy that provides personalized care to each patient. With our pharmacy your medications are quickly delivered to the location of your choice at no additional charge.

BioTek reMEDys emphasizes the importance of customer care and quality customer service. At **BioTek reMEDys** you will have access to a team of specialists including Pharmacists, Nurse Clinicians, Patient Care Coordinators, and Reimbursement Specialists who will work closely with you and your physician throughout your course of therapy. **BioTek reMEDys** also provides on call Pharmacists 24 hours a day, 7 days a week to assist you with any questions or concerns regarding your medication. The **BioTek reMEDys** Patient Care Coordinators, who will be your regular point of contact, will provide you with ongoing refill reminders before you run out of your medications.

Our Mission Statement

We at **BioTek reMEDys**, offer superior therapy specific service by one of our specialty trained team members. Our pharmacy services are not just limited to local customers, but also to our extended community with compassion, excellence, and knowledge. We strive to provide a safer, better, more cost effective way to deliver your specialty drug.

Hours of Operation

Our pharmacy is open Monday through Friday, 9:00 a.m. to 7:30 p.m. (Eastern Standard Time)

BioTek reMEDys will be closed on the following Holidays:

- New Year's Day (January 1st)
- Memorial Day (Last Monday of May)
- Independence Day (July 4th)
- Labor Day (First Monday in September)
- Thanksgiving (Fourth Thursday in November)
- Christmas (December 25th)

Patient Management Program

When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

Ordering Refills

A Patient Care Coordinator will call you before your next refill is due to coordinate the delivery of your next refill. If you need anything before we call you, please feel free to contact us.

Contact Information

- Toll Free /After-hours Number: **1-877-246-9104**
- Local Phone Number: **1-844-855-0101**
- Fax Number: **1-888-963-8103**
- Email: **info@biotekrx.com**

Each Patient Has the Right to:

- Be treated with dignity and respect without regard to race, color, creed, sex, age, nationality or ethnic origin, diagnosis or source of payment.
- Be provided with information regarding ownership, available services, insurance coverage, and other changes if applicable.
- Be informed about his/her illness and treatment, when and how services will be provided, the name and function of any person and agency providing care and service, and the name of the person responsible for coordination of care.
- Be informed in advance about any changes in the care or treatment as it pertains to their wellbeing.
- Make informed decisions about his/her care and actively participate in the program of care.
- Be instructed about his/her care therapy in order to reach the highest level of self-care and wellness.
- Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible.
- Participate in experimental treatment and research, with voluntary, informed consent documented.
- Refuse treatment, within the confines of the law, after being fully informed of and understanding the consequences of such action.
- Confidentiality and privacy in treatment and care, including confidential treatment of patient's record, and to refuse their release to any individual outside, except in the case of transfer to another health facility, or as required by law or third-part contract.
- Be informed of any financial benefit when referred to an organization.
- Voice complaint and grievance and be informed of procedure for registering complaints without reprisal, coercion, or unreasonable interruption of services.
- Receive prompt response to all reasonable interaction of services.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Be informed of provider service/ care limitations.

Each Patient is Responsible for:

- Providing accurate and complete information regarding his/ her medical history.
- Agreeing to a schedule of services and reporting any cancellation of scheduled service
- Participating in the development and updating of plan of care.
- Communicating whether he/she clearly understands the course of treatment and plan of care.
- Following the plan of care and clinical condition.
- Reporting problems, unexpected changes in physical condition, hospitalizations, concerns or complaints.
- Accepting responsibility for his/her actions if refusing treatment.
- Fulfilling financial obligations for services.
- Respecting the rights of home care givers

Patient Concern and Complaint Form

We want to provide your therapy to your complete satisfaction. If you are not happy with the care you get from us, we want to know about it. If you have any concern or problems with your medications, services, etc., you have the right to call our toll free number at **1-877-246-9104** or email us at complaints@biotekrx.com and we will be glad to help you with what you need. If you wish to file a written complaint you may do so using this this form and return it to **BioTek reMEDys**. The Complaints Team will contact you within five (5) calendar days of receipt.

Patient Name: _____ Date: _____

Regarding: _____

Employee involved (If applicable): _____

Nature of concern:

Please return this form to:

BioTek reMEDys
ATTN: Complaints Team
2 Penns Way, Suite # 404
New Castle, DE 19720

As part of our notification of patients and their rights, we have provided you with the addresses and phone numbers for lodging a complaint with Delaware Health and Social Services (DHSS) and The Joint Commission (TJC).

Delaware Health and Social Services (DHSS): 261 Chapman Rd. Suite 200 Newark, DE 19702 Phone: 302-292-3930 Toll Free: 1-800-942-7373	The Joint Commission (TJC): Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181 Phone: 1-800-994-6610 or 630-792-5800 Fax: 630-792-5636 Email: Complaint@jointcommission.org
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Basic Safety Information

Hand washing

Washing your hands to remove bacteria is the most important step that you can take to prevent infection. Please always wash your hands before you prepare or give any medication, after you prepare or give any medication, before and after you handle supplies, or give yourself or someone else medication. Also, repeat hand washing if your hands become contaminated at any time during a procedure.

1. Collect the supplies:
 - Soap (an antibacterial soap works best)
 - Paper towels or a clean cloth towel
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands
4. Rub your hands briskly together for at least 30 seconds
5. Rinse your hands with warm water
6. Dry your hands with a paper towel or clean cloth towel
7. Turn off your faucet with the towel
8. If you touch anything (i.e. your hair), sneeze into your hands, or feel that your hands may no longer be clean, please wash your hands again before continuing with your care.

If no water is available, use an alcohol based, antibacterial hand cleanser.

Disposing of Biomedical Waste

If your therapy involves the use of needles, you will be given a red “sharps” container with your supplies. You will use this container to dispose of all needles, syringes, and any other sharp objects for your care. The following simple rules will help to ensure you and your family’s safety during your therapy.

1. Never place the cap back on a used needle. Instead, place it immediately in the “sharps” container.
2. Always keep the “sharps” container out of reach of children and pets.
3. Call **BioTek reMEDys** for new “sharps” container before it is full. Never overfill the container as you may be exposing yourself or a family member to a dirty needle stick. If this should occur, wash the area immediately with soap and water and call **BioTek reMEDys** or call your family physician as soon as possible.
4. As a backup, if you don’t have a “sharps” container available, you may use an empty laundry detergent bottle with a screw on lid for disposal of your sharp items.
5. You may dispose of your red sharps container at your local fire department, your physician office or your local health department.
6. Never throw a red sharps container into the regular trash.

Never dispose of sharp items in glass or a clear plastic container. Never put sharp items in a container that can be recycled or returned to a store.

Emergency Disaster Information

In the event of an emergency, follow instructions from your local law enforcement, civil defense, and emergency preparedness or call 911. If you are unable to contact **BioTek reMEDys**, please follow these instructions.

Fire

1. Rescue anyone from immediate danger. If bedridden: Tie a knot in the head and foot of the sheet.
2. Using the sheet, pull the person to safety. If two people are available, make a chair from the rescuers' arms and carry the patient to safety.
3. If safe, alert fire department. Otherwise evacuate area.
4. Turn off O₂ (if applicable), and try to contain the fire by closing off any access such as doors.
5. Attempt to extinguish the fire only if it is in a small localized area, otherwise evacuate building and notify the fire department when you are safe.

Earthquake

1. In prone areas, store food and extra bottled water. Have transistor radio, flashlights and batteries available also. Report any special needs for backup generator to electric/gas Company.
2. Check for injuries.
3. Check home for any gas or water leaks and turn off appropriate valves.
4. Evacuate area if necessary.
5. Stay away from windows or broken glass. Wear shoes at all times.
6. If evacuation is necessary, go to the nearest shelter, and notify the organizers of any special need requests.

Hurricane/ Tornado

1. Check for injuries.
2. Check home for any gas or water leaks and turn off appropriate valves.
3. Notify electric/gas company of any patient's special needs for back-up generator.
4. Evacuate area if necessary.
5. Stay away from windows or broken glass. Wear shoes at all times.
6. If evacuation is necessary, go to the nearest shelter, and notify the organizers of any special need requests.

Flood

1. Contact the local law enforcement, civil defense, and/or emergency preparedness
2. In flood-prone areas, store extra food and extra bottled water. Have transistor radio, flashlights and batteries available also. Obtain a pipe wrench to shut-off valves for gas and water. Report any special needs for backup generator to the electric/gas company.
3. Evacuate the area.
4. Contact the local law enforcement, civil defense, and/or emergency preparedness

Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review It Carefully.

This is your Notice of Privacy Practices from **BioTek reMEDys**. **Please read it carefully.** This describes how we may use and disclose your protected health information we have in order to carry out treatment, payment, and health care operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to your protected health information. “Protected health information” is information about you, including basic demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice is required by privacy regulations (the “HIPAA Privacy Rules”) issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with a notice of our legal duties and privacy practices with respect to protected health information
- Abide by the terms of this Notice

Use and Disclosure of Protected Health Information Without Your Authorization

The following categories describe different ways that **BioTek reMEDys** may use and disclose your protected health information without getting a special form of written permission from you called an “authorization” under the HIPAA Privacy Rules.

Treatment: We will use and disclose your protected health information in order to provide treatment to you. For example, protected health information will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed and services provided to you.

Payment: We will use and disclose your protected health information in order to obtain payment for health care services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or co-insurance. We may bill you or your insurer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.

Health care Operations: We will use and disclose your protected health information in order to carry out our general business operations as a health care provider. For example, we may use information in your health record to monitor the performance of the pharmacists providing treatment to you. We will share your protected health information with third party business associates that perform various activities for us.

As required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may also disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect.

Communicable Disease: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Food and Drug Administration: We may disclose your protected health information to a person or company subject to the jurisdiction of the Food and Drug Administration (“FDA”) to report adverse events, product defects or problems, biologic product deviations, track FDA-regulated products; to enable product recalls; to make repairs or replacements, to conduct post marketing surveillance, or for other purposes related to the quality, safety or effectiveness of a product or activity regulated by the FDA.

Employers: We may disclose protected health information to an employer, about an individual who is a member of the workforce, as legally permitted or required if we are providing health care at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related injury or illness.

Law Enforcement: We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows: as required by law including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death and in an emergency to report a crime.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

Judicial and Administrative Proceedings: We may disclose protected health information about you in response to an order of a court or administrative tribunal as expressly authorized by such order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process not accompanied by an order of a court or administrative tribunal.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

To Coroners, Funeral Directors, and for Organ Donation: We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for the purpose of facilitating cadaveric organ, eye, or tissue donation.

Research: We may use and disclose your protected health information for medical research purposes.

Military and Veteran: If you are a member of the armed forces, including foreign military, we may use and disclose protected health information about you as required by military command authorities.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials for the conduct of intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose protected health information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Correctional Institution: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official protected health information necessary for the provision to you of health care services, your health and safety, the health and safety of others, law enforcement on premises of the correctional institution and the administration and maintenance of the safety, security and good order of the correctional institution.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose protected health information about you to a government authority, such as a social service or protective services agency, if we reasonable believe you are a victim of abuse, neglect, or domestic violence.

Refill and Appointment Reminders; Health Related Benefits and Services: We may contact you to provide refill or appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information to encourage you to purchase or use a product or service through face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations: We may disclose your protected health information to you or to your personal representative and we are required to disclose your protected health information in certain circumstances described below in connection with your rights of access to your protected health information and to an accounting of certain disclosures of your protected health information. We must also disclose your protected health information to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate our compliance with the privacy regulations issued under HIPAA.

Other Uses and Disclosures That May Be Made Without Your Authorization

We also may use and disclose your protected health information in the three instances set forth below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances have the opportunity to agree or object to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: We may disclose to a member of your family, a relative, a close friend or any other person you identify your protected health information directly related to that person's involvements in your care a payment related to your case.

Notification: We may use or disclose your protected health information about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, or death.

Disaster Relief: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that to do so would impede our ability to respond to emergency circumstances.

Uses and Disclosures of Protected Health Information with Your Authorization

You have the following rights with respect to protected health information about you:

Obtain a Paper Copy of the Notice Upon Request: You may request a copy of this notice from us at any time, even if you have agreed to receive it electronically. To obtain a paper copy of this notice, call **877-246-9104** and ask to speak with our Privacy Officer or email us at info@biotekrx.com.

Right to Request a Restriction on Certain Uses and Disclosures of Protected Health Information: You may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friend who may be involved in your care or payment for your care. While we consider your request, **we are not required to agree to it**. If we do agree to the restriction, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. To request a restriction, you must make your request in writing to our Privacy Officer or email us at info@biotekrx.com.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on protected health information uses or disclosures that are legally required, or which are necessary to administer our business.

Right to Inspect and Copy your Protected Health Information: You have the right to inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. The “designated record set” usually will include prescription and billing records and any other records we use for making decisions about your healthcare. To inspect or copy your protected health information, you must send a written request to our Privacy Officer or email us at info@biotekrx.com. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. However, certain types of protected health information will not be made available for inspection or copying. This includes psychotherapy notes, and information compiled by us in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

Request an Amendment of Protected Health Information: You may request an amendment of protected health information about you in a designated record set for as long as we maintain the protected health information. To request an amendment, you must send a written request to our Privacy Officer. In addition, you must include a reason that supports your request. We may deny your request for amendment if it is not in writing or does not include a reason that supports the request. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a rebuttal to your statement and we will provide you with any such rebuttal.

Receive and Accounting of Disclosures of Protected Health Information: You have the right to receive an accounting of certain disclosures we have made of your protected health information. This list will not include many types of disclosures, including those made for treatment, payment, or health care operations; disclosures we have made directly to you or your personal representative; disclosures to friends or family members involved in your care; disclosures for notification purposes; and disclosures made with your authorization. To request an account, you must submit your request in writing to our Privacy Officer. Your request must specify the time period from which you want to receive an accounting of disclosures. The time period may not be longer than six years and may not include dates. Your request should indicate in what form you want the accounting (for example, on paper or electronically). The first accounting you request within a 12-month period will be provided free of charge. We may charge you for any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Request Confidential Communications of Protected Health Information: You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communication of protected health

information you must submit your request in writing to our Privacy Officer. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests. We will not require you to provide an explanation for your request.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact:

BioTek reMEDys
2 Penns Way, Suite # 404
New Castle, DE 19720
Attention: Complaints Team

All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as how to file a complaint, please contact us at **877-246-9104**.

Change to this Notice

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any protected health information we receive in the future. The effective date of this Notice is January 1, 2018. If we change the terms of this Notice, you will receive a copy of any revised notice from us by mail.

For More Information or to Report a Problem

If you have any questions or would like additional information about our privacy practices, call and ask to speak with the Compliance Officer.



Frequently Asked Questions:

What are the hours of the Specialty Pharmacy?

The pharmacy staff are available Monday - Friday 8:30am – 7:30pm EST. Intake Specialists, Nursing Coordination, Billing Representatives, Reimbursement Specialists and Financial Assistance Specialists are available from 9am to 5pm EST.

What if I need assistance after hours?

Specially trained Pharmacists are available 24/7 on our toll-free numbers listed below to assist with any questions or concerns regarding your medication. The Nursing Coordination Team is also available after hours via the on-call pharmacist. All other assistance will be provided during business hours.

To reach the afterhours Pharmacist, please call:

- BioTek reMEDys Main location: 877-246-9104
- BioTek reMEDys South location: 844-855-0101
- BioTek reMEDys West location: 844-482-2005

What if I have questions about my medication?

A specially trained coordinator is available to assist with any questions or concerns regarding scheduling delivery or arranging nursing care. If any clinical direction is needed, you may request to speak with a Pharmacist at any time.

How do I know the status of my order?

You will be assigned a Patient Care Coordinator who will help organize the logistics of your therapy and provide you contact information. Additionally, you can always call our toll-free number, 877-246-9104, during our business hours to check the status of your order.

How do I place a refill?

You will be assigned a Patient Care Coordinator who will work with your doctor's office to obtain prescription refills as needed. Additionally, you can always call our toll-free number, 877-246-9104, during our business hours to request a refill.

How will my medication be delivered?

We ship all medications via FedEx, UPS, United States Postal Service, local drivers or courier services. All medications will be specially packaged to prevent breakage and maintain appropriate temperatures. Medications that require refrigeration will be packed with ice packs and placed in a cooler box as needed.

I am new to BioTek but not new to this medication, when will I receive my medication?

After receiving your prescription from the doctor's office, the following steps will occur:

- the BioTek reMEDys Intake Department will determine insurance coverage and patient financial responsibility.
- Once the intake process is completed, a Nursing Coordinator will review your case and work with you to determine an appropriate delivery date based upon the date of your last treatment.
- Your case will then go to a Pharmacist for review. That Pharmacist will contact you to review your treatment plan, provide counseling as needed, answer any questions or concerns, and will confirm delivery date. If your medication is needed urgently, the team will expedite this process.

This is a new treatment for me, when will I receive my medication?

After receiving your prescription from the doctor's office, the following steps will occur:

- The BioTek reMEDys Intake Department will determine insurance coverage and patient expenses.
- Once the intake process is completed, a Nursing Coordinator will review your case and work with you to determine an appropriate delivery date based upon nursing care availability and urgency of care.
- Your case will then go to a Pharmacist for review. That Pharmacist will contact you to review your treatment plan, provide counseling as needed, answer any questions or concerns, and confirm delivery date. If your medication is needed urgently, the team will expedite this process.

Who will administer my medication at home?

The Nursing Coordination Team will arrange for a skilled nurse from a nursing agency in your region to provide support, administer your medication, and closely monitor you throughout each treatment. The Nursing Coordination Team and assigned nurse will work with you regarding scheduling appointment dates and times.

How do I manage adverse drug events or report suspected medication errors?

BioTek reMEDys is dedicated to providing safe and accurate care. If you are experiencing a medical emergency, please dial 911. If you are experiencing non-life-threatening symptoms or side effects that are unexpected, please call 877-246-9104 to speak with a Pharmacist. If you suspect an error has occurred, please call our toll-free number at 877-246-9104 to report the situation to a member of the pharmacy team.

What if I have questions about my insurance coverage and financial responsibility?

The BioTek reMEDys Intake Team is available from 9am – 5pm EST at 877-246-9104 for any questions you may have regarding current insurance coverage including if the pharmacy is in or out of network with your benefit plan, out-of-pocket expenses and prior authorization status. If there are any changes to your insurance benefits, please notify the pharmacy team right away.

How do I pay for my copay?

Once your order is processed, you will receive an invoice with the details of any applicable patient financial responsibility. Payment may be made utilizing the patient invoice, by phone, or via the Payment Portal on www.biotekrx.com. We offer the following forms of payment: Visa, American Express, Checks or Money Order. Payment plans are available by calling our toll-free number, 877-246-9104 for more information.

Will there be an additional fee or charge for shipping/delivery of my medication?

No, there are no additional fees associated with shipping or delivery of the medication. The BioTek reMEDys Intake Department will work with your insurance company to determine fees related to the medication, supplies, and nursing care as appropriate.

What if I have questions or concerns about a bill I have received?

The BioTek reMEDys Reimbursement Team is available from 9am – 5pm EST at 877-246-9104 for any questions you may have regarding your financial responsibility and to discuss payment plans or other assistance options if you have concerns about your ability to pay your bill.

What if there will be a delay in delivery of my medication due to logistics?

Our pharmacy staff work diligently with the prescriber's office and insurance companies to ensure that prior authorizations and prescription refills are in place prior to your next delivery date. There are times that this process creates delays. When a delay in delivery cannot be avoided, a member of the pharmacy staff will notify you, provide any necessary instructions, and provide updates as they are available.

What if there will be a delay in delivery of my medication due to weather?

Our pharmacy staff closely monitor anticipated weather delays and will ship in advance when possible. If a delay in delivery cannot be avoided or occurs unexpectedly, a member of the pharmacy staff will notify you, provide any necessary instructions, and provide updates as they are available.

How do I access my medications if there is an emergency, disaster or delay?

Our pharmacy team closely monitors any situation that may result in a delay of care. If a delay in delivery cannot be avoided or occurs unexpectedly, a member of the pharmacy staff will notify you, provide any necessary instructions, and provide updates as they are available. If your medication is not accessible via BioTek reMEDys, the pharmacy team will work with you to determine next steps.

What if I am going on vacation or will be away from my home when I need a delivery.

Our pharmacy team will work with you and your insurance company to either arrange delivery to your vacation destination or attempt a vacation override.

Is there patient advocacy support that I can contact?

As part of BioTek reMEDys mission to see that all our patients have the highest level of care, we work hard to be your advocate. If you call our toll-free number, 877-246-9104, we will gladly connect you with an advocacy support group that meets your needs.

What if I am not happy with my care?

We want to provide your therapy to your complete satisfaction. If you are not happy with the care you are receiving, we want to know about it. If you have any concern or problems with your medications, services, etc., you have the right to call our toll-free number at **877-246-9104** or email us at complaints@biotekrx.com and we will be glad to help you with your concern or problem. If you wish to file a written complaint you may do so using the Complaint Form included within your Welcome Packet. The Complaints Team will contact you within five (5) calendar days of receipt.

What is the Patient Management Program?

The BioTek reMEDys Patient Management Program provides help for patients to understand, manage and comply with their drug treatment. The program offers personalized clinical education and support from highly trained clinical pharmacists with specialty pharmacy expertise. The program is offered free of charge to any patient that is dispensed specialty medication.

What are the benefits of participating in the Patient Management Program?

The Patient Management Program services provide help for patients to understand, manage and comply with their drug treatment while understanding their rights and responsibilities as a patient. We believe that our patients may gain the following potential health benefits by participating in the Patient Management Program:

- Improved knowledge of medication
- Improved ability to take, obtain or follow their medication schedule
- Improved ability to manage difficult side effects
- Improved medication compliance by creating an individualized plan for you
- Greater patient involvement in care to maximize benefit of therapy
- Improved coordination of healthcare services through the collaboration of pharmacist, nurse, patient, and prescriber and 24/7 accessibility to a pharmacist.

What are the limitations of participating in the Patient Management Program?

Although there are several highly valued benefits to patient participation in the BioTek reMEDys Patient Management Program, there are limitations including:

- Program interactions are never meant to replace patient preference
- Program interactions are never meant to replace decisions made between the patient and their physician(s)
- Not every patient is able or willing to be heavily involved in their own healthcare
- Not all patients are able or willing to self-manage their medication therapies
- Non-compliance with medication therapy can have a significantly negative impact the outcome of treatment regardless of program participation

How do I contact the Patient Management Program?

Patient management services are initiated for all patients during the initial assessment call by a Pharmacist. During that call, you will receive verbal education regarding the Patient Management Program, its benefits, and how to contact the Program. You may contact the pharmacy at any time regarding the Patient Management Program by calling 877-246-9104.

How do I opt-out of the Patient Management Program?

Patients wishing not to participate in the program after being fully educated on the program benefits may opt-out during the initial assessment call. An alert will be entered into your chart notifying all pharmacy staff that you are not a Patient Management Program participant. Your opt-out request is effective immediately. You may change your participation status in the program at any time by calling the Pharmacy at 877-246-9104.

How do I have a prescription transferred to another pharmacy?

BioTek reMEDys acknowledges that due to insurance network considerations and various other reasons, patients may have to be transitioned to another pharmacy provider. BioTek reMEDys will assist with this transition by providing a list of possible providers and their contact information to the patient. With the consent of the patient and/or prescriber, BioTek reMEDys will provide the new pharmacy with any information, prescriptions, documents, and assistance needed to facilitate transfer of care and prevent interruption in therapy.

How do I have a prescription transferred from another pharmacy?

At the request of the patient or prescribing physician, BioTek reMEDys pharmacy staff will obtain prescription transfers from other pharmacy providers. Pharmacy staff will work with the prescriber's office to obtain any information required by state and federal pharmacy regulations to fulfill the prescription.