

You + BioPlus =

THE POWER OF **2**gether



The BioPlus Family of Pharmacies



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Get to Know BioPlus Specialty Pharmacy + **POWER** ^{OF} 2

Dear Patients and Families,

Thank you for choosing the BioPlus Specialty Pharmacy, a Carelon company, for your specialty medication. You are part of the BioPlus family, even if your pharmacy is one of the names listed below:

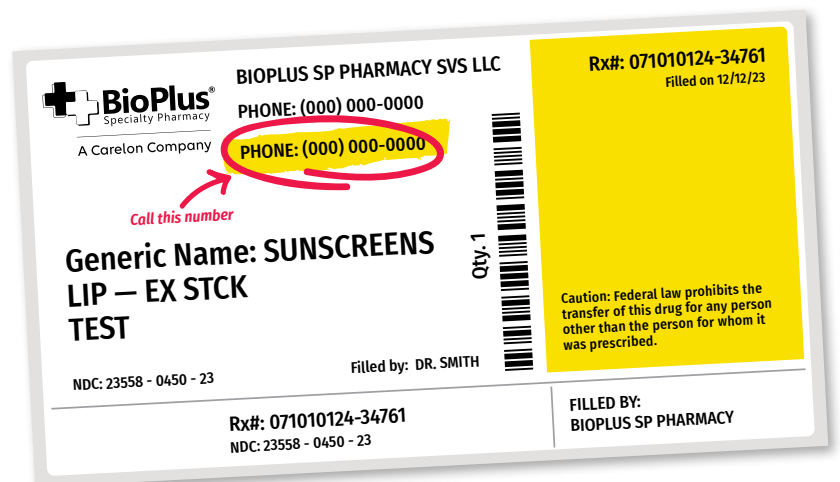
- BioPlus Specialty Pharmacy • MedScripts Medical Pharmacy • River Medical Pharmacy
- Route 300 Pharmacy • Santa Barbara Specialty Pharmacy

As a patient with the BioPlus family of pharmacies, you automatically receive the benefits of a patient journey, made just for you.

Starting Your Journey

We're in this 2gether. We work closely with your doctors and nurses to build a care plan that's just right for you. When you fill your prescription(s) and manage your treatment with BioPlus, you receive many helpful benefits. They include:

- ✓ As a specialty pharmacy, BioPlus specializes in the medications you need to treat your complex medical condition. Because we specialize in chronic and complex conditions, we only provide specialty medications.
- ✓ Your journey starts with education and training about your therapy. We guide you through the importance of taking your medications as prescribed and following your doctor's orders. Our clinical experts teach you about side effects, drug storage, dosing, injections, and much more. Get clinical support 24 x 7 x 365 or ask about your refills by calling the phone number on your prescription label.
- ✓ BioPlus also can help connect you with help for high copayments and out-of-pocket deductibles. Our Patient Financial Coordinators can work with you to find foundation grants and co-pay assistance programs so that your treatment is continued without interruption. See if you qualify for co-pay assistance by calling the number on your prescription label.



We're With You Every Step of the Way

- ✓ Your medication is delivered to your door or your medical doctor's office on a prescheduled basis. The pharmacy also can ship to third-party retail locations that offer package drop-off or delivery services for the selected shipping carrier. And your specialty pharmacy team will contact you before each refill to check in on your treatment progress. It's convenient and confidential. Always.

Working 2gether to Heal

Our focus is to help you to heal. And do it – 2gether.

When we work 2gether, you can get the most out of your treatment and our time together. We ask you to speak openly with your BioPlus team about any issues you have with your medication or treatment journey.

If you prefer not to participate in your patient journey, please let us know. Your choices are important to us. We're here to help you feel comfortable with the care you choose.

Our Doctors of Pharmacy are here 24 hours a day, 7 days a week. If you have any questions about your medication or shipment, please contact the pharmacy number listed on your prescription label.

In case of a medical emergency, please call 911.

Welcome to the BioPlus family! We're in this 2gether.

Sincerely,
Your BioPlus Specialty Pharmacy Team



Get more through the **POWER** *of 2* gether

Meet the first and only preeminent, national specialty pharmacy to back up ‘fast and easy’ with a 2 Hour, Ready to Ship 2x, 2 Click promise.

The 2 Hour Patient Acceptance Guarantee™ ensures notification to physician offices in less than two hours. Prescriptions are ready to ship 2x faster than the industry. For qualifying prescriptions, online medication refills are only 2 clicks away.

It's the Power of 2.



2 Hour
PATIENT ACCEPTANCE
GUARANTEE™



Ready to Ship 2x
FASTER THAN THE
INDUSTRY



2 Click
PRESCRIPTION REFILLS



Tailored 2 You
PERSONALIZED
PATIENT CARE MANAGEMENT



How does BioPlus Fit Into the Carelon Family?

Carelon, part of the Elevance family of brands, is a healthcare services organization that supports a whole - health approach through capabilities including behavioral health, medical benefits management, pharmacy, and research.

What Is a Specialty Pharmacy?

A specialty pharmacy provides medications and supplies that treat chronic diseases and conditions. Specialty medications can be delivered to you in injectable, infused, oral, and topical forms. Treating conditions with specialty medications can be complex. That's why you get expert patient support from BioPlus' licensed pharmacists, nurses, and specialists to carefully manage your treatment from start to finish.

Eligibility for Service

To be eligible for services, a valid prescription, as prescribed by a licensed physician, is required. Eligibility for service is also contingent upon the provisions and limitations dictated by a patient's individual insurance plan.

The pharmacy provides insurance verification of eligibility for every patient we service.

Payment Policy

Payment information will be gathered during the admission process and used to charge all copayments at the time of shipment. If this is not acceptable, please contact our Accounts Receivable Department at the pharmacy number listed on your prescription label and make arrangements prior to refills. If copayments are not paid at the time of your refill, shipments may be delayed until payment has been received.

For your convenience, we accept Visa, MasterCard, Discover, American Express, debit card, and check by phone at no additional charge to you. The pharmacy will automatically charge all copayments at the time of medication shipment.

The pharmacy can provide your out-of-pocket costs (such as deductible, co-pay, and co-insurance) as well as the cash price, upon request. If you wish to discuss your account, please call the number on your prescription label.



Ranked #1 by both patients and prescribers, we provide a complete range of specialty pharmacy services for cancer, multiple sclerosis, hepatitis C, and other complex, chronic conditions.

We Speak Your Language

Notice of Nondiscrimination and Availability of Language Assistance Services and Auxiliary Aids and Services

The pharmacy offers free translation and interpretation in your language for prescription use. This includes help talking with a pharmacist, understanding the prescription label, and understanding other written info. We also provide free aids like braille or large print. Contact the pharmacy to get these services quickly.

Arabic

تقدم الصيدلية الترجمة التحريرية والترجمة الشفهية الفورية مجانًا بلغتك لاستخدام الوصفة الطبية. يتضمن ذلك المساعدة في التحدث مع الصيدلي وفهم ملصق الوصفة الطبية وفهم المعلومات المكتوبة الأخرى. كما نقدم مساعدات مجانية مثل طريقة برايل أو الطباعة بالأحرف الكبيرة. بادر بالاتصال بالصيدلية للحصول على هذه الخدمات سريعًا.

Armenian

Դեղատոմսն առաջարկում է անվճար բանավոր և գրավոր թարգմանություններ ձեր լեզվով՝ դեղատոմսով դեղերի մասին տեղեկությունների համար: Սա ներառում է օգնություն դեղագործի հետ խոսելու, դեղատոմսի պիտակը հասկանալու և գրավոր այլ տեղեկություններ ստանալու հարցում: Մենք տրամադրում ենք նաև անվճար օժանդակ նյութեր, ինչպիսիք են բրայլը կամ մեծատառ տպագրությունը: Այս ծառայություններն արագ ստանալու համար կապ հաստատեք դեղատան հետ:

Chinese

药房提供您语言的免费翻译和口译供处方使用。这包括帮助与药剂师交谈、了解处方标签以及了解其他书面信息。我们还提供免费辅助工具，如盲文或大字版。请联系药房以快速获得这些服务。

Farsi

داروخانه به شما خدمات ترجمه کتبی و شفاهی رایگان برای نحوه مصرف دارو ارائه می دهد. این خدمات عبارتند از کمک در صحبت با داروساز، درک برجسته دارو و فهمیدن سایر اطلاعات مکتوب. ما همچنین کمک های رایگانی مانند خط بریل یا چاپ درشت ارائه می دهیم. برای دریافت سریع این خدمات با داروخانه تماس بگیرید.

French

La pharmacie propose une traduction et une interprétation gratuites dans votre langue pour l'utilisation des ordonnances. Cela comprend une l'aide pour discuter avec un pharmacien, comprendre l'étiquette de prescription et d'autres informations écrites. Nous fournissons également des aides gratuites comme le braille ou les gros caractères. Contactez la pharmacie pour disposer rapidement de ces services.

Haitian Creole

Famasi a ofri tradiksyon ak entèpretasyon gratis nan lang ou pou itilizasyon preskripsyon. Sa enkli èd pou pale ak yon famasyon, konprann etikèt preskripsyon an, ak konprann lòt enfòmasyon ekri. Nou bay èd gratis tankou bray oswa gwo lèt. Kontakte famasi a pou w jwenn sèvis sa yo byen vit.

Italian

Per i farmaci soggetti a prescrizione, la farmacia offre servizi gratuiti di traduzione e interpretariato nella tua lingua. Ciò include la comunicazione con un farmacista, la comprensione dell'etichetta dei farmaci prescritti e la comprensione di altre informazioni scritte. Forniamo inoltre supporti gratuiti come il braille o la stampa in caratteri grandi. Contatta subito la farmacia per ottenere questi servizi.

Japanese

当薬局では、処方箋の使用に際して、お客様の言語への翻訳・通訳サービスを無料で提供しています。このサービスには、薬剤師との会話、処方箋ラベルの理解、その他の書面による情報の理解に関する支援が含まれます。また、点字や拡大文字などの補助資料も無料で提供しております。薬局にご連絡いただければ、迅速にサービスをご提供いたします。

Korean

처방전 사용을 위해 귀하의 언어로 무료 번역 및 통역 서비스를 약국에서 제공합니다. 여기에는 약사와의 상담, 처방전 라벨 이해, 기타 서면 정보 이해에 대한 지원이 포함됩니다. 점자나 대형 인쇄본과 같은 무료 보조 도구도 제공합니다. 해당 서비스를 신속하게 받으시려면 약국에 연락하시기 바랍니다.

Polish

Jeśli chcesz zrealizować receptę w swoim języku, apteka może zapewnić Ci bezpłatne tłumaczenia pisemne i ustne. Oferowana pomoc dotyczy komunikowania się z farmaceutą i zrozumienia etykiety leku oraz innych zapisanych informacji. Udostępniamy również bezpłatne pomoce, takie jak informacje zapisane alfabetem Braille'a lub dużym drukiem. Aby szybko skorzystać z tych usług, skontaktuj się z apteką.

Portuguese

A farmácia oferece tradução e interpretação gratuitas no seu idioma para uso de receitas. Isso inclui ajuda para falar com um farmacêutico, entender o rótulo da receita e entender outras informações escritas. Também fornecemos recursos gratuitos, como braille ou letras grandes. Entre em contacto com a farmácia para obter esses serviços rapidamente.

Punjabi

ਫਾਰਮੇਸੀ ਨੁਸਖੇ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਅਨੁਵਾਦ ਅਤੇ ਵਿਆਖਿਆ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦੀ ਹੈ। ਇਸ ਵਿੱਚ ਇੱਕ ਫਾਰਮਾਸਿਸਟ ਨਾਲ ਗੱਲ ਕਰਨ ਵਿੱਚ ਮਦਦ, ਨੁਸਖੇ ਦੇ ਲੇਬਲ ਨੂੰ ਸਮਝਣਾ, ਅਤੇ ਹੋਰ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣਾ ਸ਼ਾਮਲ ਹੈ। ਅਸੀਂ ਬੋਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਰਗੀਆਂ ਮੁਫਤ ਸਹਾਇਤਾ ਵੀ ਪ੍ਰਦਾਨ ਕਰਦੇ ਹਾਂ। ਇਹ ਸੇਵਾਵਾਂ ਜਲਦੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਫਾਰਮੇਸੀ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Russian

Аптека предлагает бесплатный письменный и устный перевод на ваш язык для информации о рецептурных препаратах. Это включает в себя помощь в общении с фармацевтом, понимание этикетки рецепта и другую письменную информацию. Мы также предоставляем бесплатные вспомогательные материалы, такие как шрифт Брайля или крупный шрифт. Обратитесь в аптеку, чтобы получить эти услуги быстро.

At BioPlus (bioplusrx.com), we want everyone to feel welcome and respected. We follow federal civil rights laws to ensure fairness for all. We do not treat anyone differently because of their race, color, where they are from, sex, age, or disability.

If you think BioPlus has not met these standards, you can report it to:

Section 1557 Coordinator
 233 S. Wacker Dr, Suite 3700 Chicago, IL 60606
 Email: Section1557Coordinator@Carelton.com

Or to the U.S. Department of Health and Human Services:
 200 Independence Ave, SW, Room 509F, HHH Building, Washington, D.C. 20201
 Phone: 1-800-368-1019 (TDD: 1-800-537-7697)
 Website: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or <http://www.hhs.gov/ocr/office/file/index.html>

Spanish

La farmacia ofrece servicios de traducción e interpretación gratuitos en su idioma para su uso con medicamentos recetados. Esto incluye ayuda para hablar con un farmacéutico, comprender la etiqueta de los medicamentos recetados y comprender otra información escrita. También ofrecemos ayuda gratuita, como braille o letra grande. Comuníquese con la farmacia para obtener estos servicios rápidamente.

Vietnamese

Nhà thuốc cung cấp bản dịch và thông dịch miễn phí bằng ngôn ngữ của quý vị cho sử dụng toa thuốc. Điều này bao gồm trợ giúp nói chuyện với dược sĩ, hiểu toa thuốc và hiểu các thông tin bằng văn bản khác. Chúng tôi cũng cung cấp các hỗ trợ miễn phí như chữ nổi braille hoặc bản in chữ lớn. Vui lòng liên hệ với nhà thuốc để nhận được những dịch vụ này một cách nhanh chóng.

Tagalog

Nag-aalok ang botika ng libreng pagsasalin at interpretasyon sa iyong lengguwahe para sa paggamit ng reseta. Kabilang dito ang tulong sa pakikipag-usap sa isang parmasyutiko, pag-unawa sa tatak ng reseta, at pag-unawa sa iba pang nakasulat na impormasyon. Nagbibigay din kami ng mga libreng tulong tulad ng braille o malaking print. Makipag-ugnayan sa parmasya upang mabilis na makuha ang mga serbisyong ito.

Package Delivery Policy

Dear Patient,

Since we're working 2gether on your therapy journey, it is important that you know your responsibilities for receiving your package.

If you are not home to sign for your delivery, we **MUST** receive a copy of your delivery receipt. A self-addressed stamped envelope and delivery ticket is included with your shipment. Sign this delivery ticket and mail it back to us as proof of delivery. You will also receive a text and email from the pharmacy if UPS, Fedex, or other carrier indicates that they did not get a signature.

If someone is not available to receive your package, you will assume the financial responsibility for a reship of the medication.

Deliveries can take up until 7 pm to arrive, depending on your driver's route and the delivery address. If this is not a good time to receive shipments, please make other delivery arrangements by calling the pharmacy number listed on your prescription label.

Please contact the pharmacy within 24 hours to report a delivery- or shipment-related issue or complaint. You may be financially responsible for the shipment if you do not report delivery- or shipment-related issues in a timely manner.

To cancel a shipment, you must contact the pharmacy before the package leaves the pharmacy. You will assume the financial responsibility for any cancellation of shipments made after the medication has already been shipped, based on the previous commitment.

Please feel free to contact the pharmacy number listed on your prescription label with any questions or concerns about our shipment policies and associated patient responsibilities.

We're here to help you every step of the way.

Sincerely,
Your BioPlus Specialty Pharmacy Team



Ask Us Anything: Frequently Asked Questions

Can I be part of my care?

Yes, participating in your care is very important. The first time we talk with you, you'll learn about our pharmacy. Please spend time reviewing this booklet to learn what to expect during your treatment. You will also read about the importance of working together for the best health outcomes.

What is the Patient Management Program?

The Patient Management Program is a program designed by our team of pharmacists and nurses to work collaboratively with you and your physician to produce the best outcomes for your therapy. By working as a team, we can better manage your treatment plan and work through any side effects to determine the best path forward for you.

Can I choose not to participate in the Patient Management Program?

You may choose to opt-out of the Patient Management Program. We think it is a good idea for you to talk it over with someone from our pharmacy team so you can choose the options that best fit your needs.

Are there limitations to the Patient Management Program?

The Patient Management Program:

- does not replace the need to visit your physician for scheduled appointments. Those visits are necessary so your doctor can continue to monitor your progress.
- is not a guarantee that you will be cured or that you will not have side effects from the medication you are receiving, however, patients who are involved with the Patient Management Program may have improved outcomes or reduced or better controlled side effects.
- may not provide treatment for non-specialty medication needs.

In addition, the pharmacist cannot make changes to your prescription without the involvement of your physician.

How do I contact the Patient Management Program team?

You may reach the Patient Management Program customer service line at the number on your prescription label.

If I am a Medicare Part D patient, what are my rights if a prescription is not covered ("filled") under my Medicare Part D Benefit?

Refer to the CMS 10147 form, at the website listed below: <https://www.cms.gov/medicare/appeals-grievances/prescription-drug/plan-sponsor-notice-documents>

How do I order a refill?

You can expect the pharmacy to contact you about your refill. We will call you about a week before you are due to run out of medication. Our representatives may attempt to contact you via text or voice call at all of the phone numbers we have on record for you.

If you have not received a call from the pharmacy within 7 days of a refill need, you or an authorized representative may call us and place your refill order using the pharmacy number listed on your prescription label.

Will my refills be automatically sent to me?

No, a representative will need to speak with you or an authorized representative, and ask you a short series of questions for the pharmacist to review. During this call we'll also check the day of the week you'd prefer your refill to arrive. The pharmacy can deliver your order to your home, office, or designated destination. The pharmacy also can ship to third-party retail locations that offer drop-off or delivery services for a selected shipping carrier.

How can I track my shipment?

We can send a shipment tracking number to your email address. You can also contact the pharmacy number listed on your prescription label for shipping questions.

Do I need to be home to sign for my delivery?

Most insurance programs REQUIRE that you (or anyone 18 years of age or older) sign for receipt of your

FAQs (continued)



A Carelon Company

package. If you are not going to be home, we can have the package delivered to your workplace or another convenient location. If you would like the carrier to leave your medication at your door, we can enclose a delivery ticket with a self-addressed return envelope. This delivery ticket must be signed and returned to the office as proof of delivery. You also may e-sign the delivery ticket through your digital device, such as phone, computer, or tablet.

How do I pay for my medication?

Your co-pay or coinsurance is due each time you refill your medication. The pharmacy accepts all major credit cards as well as electronic checks.



Who delivers my medications?

Deliveries will be sent by either UPS, Fedex, or other common carrier.

What if my insurance changes?

If you receive any notification that your insurance has changed, been updated, or you receive a new ID card, please call the pharmacy as soon as possible to provide the new information to one of our representatives. The pharmacy will verify the new information in order to update your account.

What if I have a question about my bill?

If you have a question about your bill, please contact the pharmacy at the number on your prescription label.

What if I have a medication issue? (Examples: an injection doesn't work properly, medication looks wrong or different, the label is wrong, etc.)

Call the pharmacy right away to let us know about any medication concerns as you may need to speak to one

of our pharmacists. Many medications can be replaced by the manufacturer. After speaking with you, we can assess your individual situation for the best resolution.

What if I have a question about my medication or think my medication is affecting me negatively?

If the symptoms you are experiencing are dangerous or life threatening, please call 911 immediately. All potential adverse effects or drug reactions should be reported to your physician and pharmacy. You can contact your pharmacy at the number on your prescription label.

What happens if my prescription cannot be filled?

If the pharmacy cannot fill your prescription, we will identify one that can. If you are a new patient, we will contact your prescribing office with that pharmacy's name and phone number. If you are an existing patient, we will call you with that information.

What happens if there is a delay receiving my order?

The pharmacy will contact you if your order is going to be delayed. If we are informed of a delay, we will let you know the reason for the delay and discuss a resolution. If you have a concern, you may call your pharmacy at the number on your prescription label.

What happens if my medication is recalled by the manufacturer?

The pharmacy will contact you by phone to discuss the recall and will give you instructions on how to handle the recall.

What do I do if I have a question, concern, or complaint?

Please contact the pharmacy at the number on your prescription label.

How can I transfer my prescription to a different pharmacy?

If you no longer want your prescription to be filled through the BioPlus Family of Pharmacies, then you should contact the pharmacy number on your prescription label to initiate a prescription transfer. It will be helpful to have the contact information on hand for your desired new pharmacy.

Emergency Preparedness Tips

It is important to develop an emergency plan before disaster strikes. It is especially important for people with medical concerns to have a plan in place in order to ensure that the same level of care is maintained in the event of a disaster. The pharmacy has developed a checklist to help you and your family be prepared. During an emergency, such as a major storm or other catastrophic event that could affect your medication deliveries:

- Listen:** To local radio and TV stations for emergency broadcast services and follow their instructions.
- Contact:** The power company if you have home health equipment that plugs in. Ask to be added to the priority list for power or a generator so your equipment will continue to work during a power outage.
- Prepare for Power Outages:** Keep a cooler of ice on hand. If the power is out and the inside of your refrigerator warms up, medications should instead be stored in the cooler.

Stay Ahead of Therapy Interruptions

Call the pharmacy number listed on your prescription label if you need to leave your home during a disaster and let us know where to deliver your medication so your therapy can continue, uninterrupted.



Plan 2gether in 3 Steps

- 1. Be Informed*
- 2. Make a Plan*
- 3. Call Your Pharmacy*



Smart & Safe: Taking Your Medication and Disposal

Let's protect you, others, and the environment together with a safe biomedical waste disposal plan. Here's how.

1. Before taking or handling your medication be sure to wash your hands with soap and water. If your medications need to be prepared before administering, please prepare them on a clean area. Please be sure to wash your hands after administration of your medication to protect yourself and your caregivers.
2. Place all used needles, devices with needles, and "spikes" from the top of intravenous tubing, in your sharps container. (Your container should be leak-resistant, remain upright during use, and have a tight fitting, puncture-resistant lid.)
3. Place all other non-sharps waste (dressing changes, gauze, alcohol wipes, Band-Aids, etc.) into your regular garbage.
4. For disposal of expired, damaged, or unusable medications, follow the most recent FDA Guidelines for appropriate medication disposal found at www.fda.gov:
 - ✓ Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information tells you to.
 - ✓ If no instructions are given, place the medication in the household trash, but first:
 - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter.
 - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or spilling out of a garbage bag.
 - Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community.
 - When in doubt about proper disposal, call BioPlus and speak to your pharmacy team.
5. To dispose of your sharps container, you may:
 - Take it to any state health department
 - Take it to any fire station
 - Contact your waste disposal company for guidelines
6. At the completion of your therapy, you can keep the remaining supplies or return them to your home pharmacy.
7. Returned supplies will not be credited to your account and cannot be reused due to the risk of disease transmission and/or cross-contamination.



**Biomedical waste is not a recyclable item.
Do not place in recycle bins!**

If you have a chemotherapy infusion bag

Chemotherapy infusion bags should be placed in a zipper-type storage bag before going into the red biohazard bag with all other infusion waste for pick up by your home pharmacy.

California Residents: Know Your Rights

California law requires a pharmacist to speak with you upon your request, every time you get a new prescription, and every time you get a new prescription dosage form, strength, or written directions.

Talk to the Expert – Speak with Your Pharmacist

Before you leave the pharmacy, CHECK:

- The patient name on the label is correct
- The medication matches the description on the label
- The name of the medicine and what it does
- How and when to take the medication, for how long, and what to do if you miss a dose
- Possible side effects and what you should do if they occur
- Whether the medication will work safely with other medicines or supplements
- What foods, drinks, or activities should be avoided while taking the medicine.

This pharmacy must provide any medicine or device legally prescribed for you, unless you are unable to pay the cost of the drug or device or the pharmacist determines doing so would be against the law or potentially harmful to the patient's health. If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device in a timely manner.

You may ask this pharmacy for information on drug pricing and use of generic drugs.



Patient Rights and Responsibilities: You Have a Voice in Your Care.

Your Rights as a Patient

As a patient of BioPlus Specialty Pharmacy, a Carelon Company, and its family of pharmacies, you have the right to:

1. Be fully informed at the time of admission or before the start of treatment of your rights and responsibilities.
2. Know which products the company will provide and any limitations on those offerings.
3. Receive considerate and respectful care regardless of age, race, color, sex, national origin, or whether or not an Advanced Directive has been executed. This applies to you and your property.
4. Know about the philosophy, characteristics, scope, and limitations of the Patient Management Program.
5. Decline participation in or disenroll from the Patient Management Program.
6. Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
7. Receive information about the Patient Management Program and up-to-date information about your condition, treatment, alternative treatments, and care plan.
8. Be free from verbal, physical, sexual, and psychological abuse, to have yourself and your property treated fairly and with dignity.
9. Review your medical insurance before you begin therapy. You have the right to review and receive an explanation of your bill, including the expected sources of payment. As with other healthcare services, you may be responsible for certain charges related to your therapy. You have the right and responsibility to discuss your need for a special payment plan with members of the company's Reimbursement Department. If you are referred to an organization, you have the right to be informed of any financial benefit.
10. To choose your healthcare providers and receive appropriate care without discrimination and in accordance with physician's orders.
11. Review your medical records, at any reasonable time, with the permission of your doctor.
12. Receive administrative information regarding changes in or termination of the Patient Management Program.
13. Participate in developing your plan of care and discharge plan; to be informed of all services the agency provides; when and how services will be provided, and the name and function of any person and affiliated agency providing care and services.
14. Receive training in the prescribed therapy. The reason for its use, and any possible side effects related to the use of drugs, supplies, and equipment will be explained. Written instructions, demonstrations, and supervision by a registered nurse will be provided, until you are able to repeat the required tasks safely.
15. Receive supplies and equipment delivered at a time that is mutually acceptable to you and the Pharmacy.
16. Speak with a health professional. To access the pharmacy staff as needed. Ongoing care includes both direct and indirect care by staff experienced in the therapy you receive. This includes 24-hour access to nursing staff and/or pharmacy staff.
17. Have personal health information shared with the Patient Management Program only in accordance with state and federal law.
18. Expect privacy including confidential handling of all your medical records and to refuse release of records to any individual outside the company, except in the case of transfer to another health facility, and as otherwise provided by law, third-party payer contract, or as described in the Notice of Privacy Practices.
19. Refuse treatment, to the extent permitted by law, after being fully informed of the results of such a decision.
20. Lodge a complaint to the pharmacist about any concern, treatment, or care and expect an answer to any complaints or concerns you discuss with the company within the time frame required by the carrier, but not more than 5 business days following the complaint without concern of discrimination, interference, coercion, or reprisal. If after continued discussion you are still not satisfied, your paperwork lists several applicable hotlines that are available to lodge a complaint or start an investigation.
21. Receive information on the proper use and storage of your prescription medication.

22. Receive instruction of drug recalls.
23. Be fully informed of your responsibilities.
24. Receive instruction on how to receive medication during a disaster or if a delay occurs.
25. Formulate an Advanced Directive according to state law.
26. Have any person of your choosing be a part of the pharmacy consultation or care planning.
27. These rights pertain to the legal guardian if the patient is legally incompetent or a minor, according to state law.



Your Responsibilities as a Patient

As a patient, you have the responsibility to

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, insurance coverage, and other issues pertinent to your therapy.
2. To carry out your therapy as instructed, to maintain a safe home setting for the storage and proper use of your medications, and to be available or return calls to pharmacy staff to discuss response and tolerance of therapy once you have been introduced to our pharmacy and Patient Management Program.
3. Notify the pharmacy's nurse or pharmacist of side effects or significant changes in your medical condition.
4. Participate in planning your care.
5. Respond to our outreach to schedule your next refill.
6. Communicate if you do not comprehend the course of treatment or care plan.
7. Respect the rights of pharmacy personnel.
8. Review the information about our company sent to you in your first shipment.
9. Call our office if you have any questions about the company's information or about your consent forms.
10. Sign and return your consent forms if required by your insurance plan.
11. Take care of and maintain any equipment that is provided to you by the company.
12. Notify the pharmacy of any changes to your contact information.
13. Request more information about anything you do not understand, including billing questions.
14. Notify the pharmacy if you are admitted to a hospital, if the doctor stops your therapy, or if you plan to travel while receiving therapy.
15. Submit any forms that are necessary to participate in the program, to the extent required by law.
16. Notify your treating provider of participation in the Patient Management Program, if applicable.
17. Pay certain charges should they not be covered by your insurance and/or arrange special payment plans as needed.
18. Voice complaints or concerns about treatment issues to the pharmacy staff or to a pharmacist.

- If you are in the state of CT and you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling 1-860-713-6065.
- If you are in the state of FL call Home Health Hotline 1-888-419-3456, if you need to resolve any complaints or need questions answered regarding a Home Health Agency. Hours of operation: 8:00 a.m to 5:00 p.m. Monday through Friday except holidays.
- If you are in the state of FL and need to report abuse, neglect, or exploitation: 24 Hour Hotline 1-800-96A-BUSE (1-800-962-2873).
- If you are in the state of TX and need to report abuse, neglect, or exploitation: Abuse Hotline: 1-800-252-5400.
- If you are in the state of SC call for Home Health complaints: 1-803-545-4370 or <https://dph.sc.gov/professionals/healthcare-quality/file-complaint>
- If you are in the state of Maine, mail complaint to Complaint Coordinator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333-0035.
- If you are in the state of CA and Medi-Cal patient for a complaint call: 1-916-552-9500 or email: specialtyprovider@dhcs.ca.gov
- Accreditation Commission for Health Care: 1-919-785-1214.

The products and/or services provided to you by the pharmacy are subject to the supplier standards contained in the federal regulations shown at 42 Code of Federal Regulations § 424.57(c). These standards concern business professional and operational matters. The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of these standards. The products and/or services provided to you by the pharmacy are subject to Florida Patient's Bill of Rights and Responsibilities shown at Florida Statutes § 381.026. The full text of this statute can be obtained at <http://www.leg.state.fl.us/statutes/>. Upon request we will furnish you a written copy of these rights and responsibilities.

Notice of Privacy Practices

Important information about your rights and our responsibilities

Protecting your personal health information is important. Each year, we're required to send you specific information about your rights and some of our duties to help keep your information safe. This notice combines the following required yearly communications:

- State notice of privacy practices
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices

State Notice of Privacy Practices

When it comes to handling your health information, we follow relevant state laws, which are sometimes stricter than the federal HIPAA privacy law. This notice:

- Explains your rights and our duties under state law.
- Applies to any health, dental, vision and life insurance benefits and treatment by your preferred pharmacy/infusion providers that you may have.

Your state may give you additional rights to limit sharing your health information. Please call your pharmacy at the phone number on your medication label or at 1-888-292-0744 for more details.

Your Personal Information

Your nonpublic (private) personal information (PI) identifies you. You have the right to see and correct your PI. We may collect, use, and share your PI as described in this notice. Our goal is to protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.

We may receive your PI from others, such as hospitals, insurance companies, or other providers. We may also share your PI with others outside our company — without your approval, in some cases. But we take reasonable measures to protect your information. If an activity requires us to give you a chance to opt out, we'll let you know, and we'll let you know how to tell us you don't want your PI used or shared for an activity you can opt out of.

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.



HIPAA Notice of Privacy Practices

We keep the health and financial information of our current and former patients private as required by law and our own internal rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

Your Protected Health Information

There are times we may collect, use, and share your Protected Health Information (PHI) as allowed or required by law, including the HIPAA Privacy Rule. Here are some of those times:

Payment: We collect, use, and share PHI to get payment for the medical care you receive from us or share information with the doctors, clinics, pharmacies, infusion centers, and others who bill for your care.

Healthcare operations: We collect, use, and share PHI for our healthcare operations.

Treatment activities: We collect, use, and share PHI to provide the care, medicine, and services you need or to help doctors, hospitals, pharmacies, infusion centers, and others get you the care you need. Examples of ways we use your information:

- We may share PHI with your other doctors or your hospital so that they may treat you.
- We may use PHI to review the quality of care and services you get.
- We may use PHI to help you with services for conditions like asthma, diabetes, or traumatic injury.
- We may collect and use publicly and/or commercially available data about you to support you and help you get available health services.
- We may use PHI with technology to support and enable services provided to you.
- We may use your PHI to create, use, or share de-identified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, healthcare operations, and treatment. If you don't want your PHI to be shared in these situations, contact your pharmacy at the phone number on your medication label or at 1-888-292-0744 for more information.
- We may also send you reminders about routine medical checkups, medicine adherence, and tests.
- We may share your information in an emergency or disaster relief situation.

Sharing your PHI with you: We must give you access to your own PHI. You may get emails that have limited PHI, such as appointment reminders, refill reminders, or welcome materials. We'll ask your permission and preferences for how we contact you.

Sharing your PHI with others: In most cases, if we use or share your PHI outside of treatment, payment, operations, or research activities, we have to get your permission in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved with your current treatment or payment for your care.
- Share information in an emergency or disaster relief situation.

If you can't tell us your preference, for example in an emergency or if you're unconscious, we may share your PHI if we believe it's in your best interest. We may also share your information when needed to lessen a serious and likely threat to your health or safety.

Other reasons we may use or share your information:

We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medicines
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- Doing health research.
- Obeying the law, if it requires sharing your information.
- Responding to organ donation groups for research and certain reasons.
- Addressing workers' compensation, law enforcement and other government requests, and to alert proper authorities if we believe you may be a victim of abuse or other crimes.

- To work with a medical examiner or funeral director.
- Responding to lawsuits and legal actions.
- Responding to the Secretary of Human and Health Services for HIPAA rules compliance and enforcement purposes.

Authorization: We'll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time, in writing. We will then stop using your PHI for that purpose. But if we've already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

Race, ethnicity, language, sexual orientation, and gender identity: We may collect, infer, receive and/or maintain race, ethnicity, language, sexual orientation, and gender identity information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials, and offering interpretation services. We don't share this information with unauthorized persons.

Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there's a risk your PHI could be read by a third party when it's sent unencrypted, meaning regular email. So, we will first confirm that you want to get your PHI by unencrypted email before sending it to you. We will provide you a copy of your PHI usually within 30 days of your request, unless a more stringent state requirement applies. If we need more time, we will let you know.
- Ask that we correct your PHI that you believe is wrong or incomplete. If someone else, such as another doctor, gave us the PHI, we'll let you know so you can ask him or her to correct it. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Send us a written request not to use your PHI for treatment, payment, or healthcare operations activities. We may say "no" to your request, but we'll tell you why in writing.

- Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your mail to a different address if sending it to your home could put you in danger.
- Send us a written request to ask us for a list of those with whom we've shared your PHI. We will provide you a list usually within 60 days of your request. If we need more time, we will let you know.
- Ask for a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or sharing of that PHI for treatment, payment, or operations reasons. If a law requires sharing your information, we don't have to agree to your restriction.
- Call your pharmacy at the phone number on your medication label or at 1-888-292-0744 to use any of these rights. A representative can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How We Protect Information

We're dedicated to protecting your PHI, and we've set up a number of policies and information practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written and electronic PHI safe using the right procedures, and through physical and electronic ways. These safety measures follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.

Potential Impact of Other Applicable Laws

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA. One example is with Substance Use Disorder (SUD) Information we may receive from Providers or programs regulated by federal law (42 CFR Part 2). All disclosures of such SUD information must comply with applicable federal and state privacy laws, including 42 CFR Part 2. We are allowed to use and disclose SUD information for certain treatment, payment, and healthcare operations activities. You have the right to consent to the disclosure of SUD information in certain circumstances. You can revoke this consent in writing at any time.

To See More Information

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit the BioPlus privacy webpage at <https://bioplusrx.com/privacy-policy/>

Calling or Texting You

We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or contact the pharmacy to add your phone number to our Do Not Call list. We will then no longer call or text you.

Complaints

If you think we haven't protected your privacy, you can file a complaint with us by calling the pharmacy at the phone number on your medication label or at 1-888-292-0744. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not take action against you for filing a complaint.

Contact Information

You may call us at the phone number on your medication label or at 1-888-292-0744 to apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website, or a letter.

Effective Date of This Notice

The original effective date of this Notice was April 14, 2003. The most recent revision is June 10, 2025.



Enrollee name: _____ (optional)

Drug and prescription number: _____ (optional)

Medicare Drug Coverage and Your Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

- To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card, or go to your plan’s website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS (durable medical equipment, prosthetic, orthotics, and supplies) supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any state healthcare programs, or any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service, or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: The name, address, telephone number, and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by BioPlus Specialty Pharmacy and its affiliates are subject to the supplier standards contained in the federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

We've Got You Covered:

Medicare Equipment Warranty Information Form

Every product sold or rented by our company carries a 1-year manufacturer's warranty. BioPlus Specialty Pharmacy Services, LLC ("BioPlus, a Carelon company"), will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

BioPlus will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

Please review, sign, and date the following statement and keep with your medical records. (This is for your — the beneficiary's — record keeping and for use with any warranty claims. You do not need to mail this back to BioPlus.)

I have been instructed and understand the warranty coverage on the product I have received.
I also have received written information and instructions on the safe use of the equipment
I have been provided.

Beneficiary's Signature: _____

Date: _____



Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or After January 1, 2006

I received instructions and understand that Medicare defines the _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

_____ FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include:
Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

_____ FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:
Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.
- I select the:

Purchase Option _____ Rental Option _____

Beneficiary Signature

Date



Health Insurance Portability and Accountability Act (“HIPAA”) Authorization for Release of Medical Information

I hereby authorize BioPlus Specialty Pharmacy Services, LLC, a Carelon Company, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the “BioPlus Pharmacies”), and their agents and employees, to use and disclose prescription, insurance, diagnosis, Substance Use Disorder (SUD) information, and other information pertaining to the health and condition (the “Information”) of the identified patient (“Patient”). I authorize the Information to be disclosed among the BioPlus Pharmacies and to drug manufacturers, patient assistance programs, and research organizations (“Designees”) and their respective agents.

The authorized purposes for such use or disclosure are to provide Patient with and coordinate Patient’s healthcare; provide Patient with reimbursement support and healthcare product and service offerings; or for BioPlus Pharmacies’ or Designees’ analysis of business processes, disease therapy treatment, or drug therapy treatment. I acknowledge that the BioPlus Pharmacies may receive payment from third parties for such use or disclosure of the Information.

This authorization expires 1 year from the date of my signature or when my treatment or course of medication facilitated through a BioPlus Pharmacy is complete, whichever occurs first.

I understand that the information disclosed under this authorization may be re-disclosed by the recipients and may no longer be subject to the same protections the information is given by the BioPlus Pharmacies.

I understand that I may revoke this authorization at any time by sending written notification to **Privacy Office, Elevance Health, 220 Virginia Ave., Indianapolis, IN 46204**, except to the extent that action has already been taken in reliance upon this authorization.

I understand that I have the right to refuse to sign this authorization. I understand that BioPlus Pharmacies may not condition the provision of treatment or payment based on my refusal to sign this authorization.

A copy of this form can be found at bioplusrx.com/patientforms and in your Patient Welcome Booklet.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT TO THERAPY.

Patient Name (“Patient”): _____

Patient Signature: _____

Former/Alias/Maiden Name (If applicable): _____

Date of Birth: _____

Date: _____

Name of Personal Representative (If applicable): _____

Signature of Personal Representative (If applicable): _____

Description of Personal Representative’s Authority: _____

Attach the appropriate documents granting legal authority to act on behalf of the patient.



Specialty Pharmacy Consent

1. This acknowledges that my physician has prescribed medication(s) for me and that BioPlus Specialty Pharmacy Services, LLC, a Carelon company and their network of pharmacies including MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (each “Pharmacy”) will serve as the specialty pharmacy. The route of administration of this medication is indicated on the medication prescription label along with directions for use. I have voluntarily chosen to receive the medication and am of legal age and authorized to execute this consent form.
2. I understand that I have other pharmacy options available and that I have the right to choose my pharmacy provider. Certain programs and health plans may restrict access to in-network providers, pursuant to applicable federal and state law, and benefit program requirements. I acknowledge that my therapy is under the control of my physician; I select and authorize Pharmacy to furnish the medications and supplies deemed necessary to administer my therapy as ordered by my physician.
3. My physician has explained my therapy and treatment to me, alternate therapies available, and the substantial risks and hazards inherent with this therapy. I understand that there may be special instructions or training. I agree to read the instructions and complete any training necessary. I agree to abide by the instructions and training provided and will immediately alert the pharmacist and the prescribing physician of any medical conditions which may adversely impact my personal health or the effectiveness of the medication. I further understand that I have the opportunity to ask questions about the medication and all of my questions have been answered.
4. I understand that I have the right to ask any questions and receive answers during my participation in the program so that I fully understand my home self-care. If I need emergency medication attention, I should call 911.
5. I have received information regarding biomedical waste disposal, emergency preparedness, and drug information.
6. I have received a copy of the Patient’s Rights and Responsibilities and a copy of the Notice of Privacy Practices, and I understand these documents. I further know that any time I have questions, I can call the pharmacy at the number listed on the prescription label.
7. Because I am receiving specialty medications, Pharmacy is required by contract to obtain proof of delivery. I understand that I will be asked to sign for my delivery via the delivery carrier. If I am unable to sign for the delivery, I will sign and return the packing ticket enclosed with my shipment.
8. I authorize Pharmacy to bill my insurance provider. I understand that if no insurance coverage exists or if an insurer fails to pay, I may be financially responsible for the incurred charges.
9. Various drug manufacturers and other entities offer patient assistance programs that provide payment

assistance, including without limitation co-pay cards, or cost reductions for certain therapies, prescriptions, and medications. As applicable, I authorize the pharmacy to take all necessary actions to enroll and register me in patient assistance programs for which I am qualified for the purposes of identifying and obtaining such payment support.

10. If I have insurance coverage provided through any type of state-, federal-, or government-funded programs, (Medicare, Medicaid, Federal Employees Health Benefits, TRICARE, VA), I am not eligible to participate in a manufacturer's co-pay Program.
11. If I have prescription drug coverage that is provided by a private commercial payer and the commercial payer has opted out of a manufacturer's co-pay program, I am not eligible to participate. I understand it is my responsibility to verify with my insurance plan any limitations they may have for the use of co-pay cards or other assistance I may use. I shall not accept any co-pay card or other assistance if prohibited by my insurance plan.
12. Calls to the pharmacy may be recorded for training, record keeping, and quality assurance purposes.
13. I authorize BioPlus to communicate with me about my medication therapy by email, text message, or other digital communications. If I choose to opt out of communications for marketing or commercial purposes, I understand that BioPlus reserves the right to contact me about the preparation or delivery of my prescription medications.



IF YOU ARE ON INFUSION THERAPY PLEASE READ THE INFO

1. **If I am an infusion patient, I understand that there are additional risks associated with the use of intravenous medication.** If I have questions after discussing this with my physician, I understand that I could ask a pharmacist additional questions. There are risks, known and unknown, associated with the use of all medical equipment and supplies used with the administration of medication, and because I will be using the equipment and/or supplies at home, immediate emergency medical attention will probably not be available for any complication, injuries, or adverse results that may occur in connection with using the equipment or supplies. **I understand that I should call “911” for emergency medical attention.**
2. **If my therapy requires an electronic or mechanical pump,** it will be sent and indicated on my delivery ticket and will be accompanied by an operating instruction manual along with information about any applicable warranties.
3. I acknowledge that I will receive information, such as an equipment warranty information form, and/or a warranty information page in my operating instruction manual, about any warranties that may cover the pumps, devices, and other items supplied to me. Furthermore, the product is being sold or leased to me by Pharmacy as a service for my convenience. I understand that I am responsible for the replacement cost of lost, stolen, and/or damaged equipment.
4. I understand further that any and all representations regarding the equipment are the responsibility of the manufacturer and its authorized agents (including, but not limited to distributors and authorized service technicians). I have received instructions on the operating and related minor maintenance of the equipment and have read the operating instructions all of which are, in my opinion, adequate to enable me to properly operate it without direction of professional support staff at Pharmacy.
5. I understand that, to the maximum extent permissible under law, Pharmacy shall not in any event be liable for any consequential damages, secondary charges, lawsuits, or damages resulting from an alleged defect of the equipment or disposable supplies. A home health nurse may operate this infusion device and I will follow their instructions.
6. If I am a Medicare beneficiary, I understand that Pharmacy honors all warranties expressed and implied under applicable state law and will not charge me or the Medicare program for the repair or replacement of Medicare covered items (including all purchased and capped rental items and other rented items) or services covered under warranty.

A copy of this form can be found at bioplusrx.com/patientforms and in your Patient Welcome Booklet.

I understand that I may contact the pharmacy at the number on my prescription label with any questions regarding this form.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT TO THERAPY.

Patient Name (“Patient”): _____

Patient Signature: _____

Former/Alias/Maiden Name (If applicable): _____

Date of Birth: _____

Date: _____

Name of Personal Representative (If applicable): _____

Signature of Personal Representative (If applicable): _____

Description of Personal Representative’s Authority: _____

Attach the appropriate documents granting legal authority to act on behalf of the patient.



Assignment of Benefits

If you are a Medicare patient, BioPlus Specialty Pharmacy, a Carelon company, is not permitted to submit a claim to Medicare without this form signed by you. If we do not receive this form within seven days of you receiving this welcome kit, you may be required to pay for your medications.

Considering the amount of medical expenses to be incurred, I, the undersigned, state that I have health insurance and/or employee healthcare benefits that will pay for the healthcare to be provided by BioPlus Specialty Pharmacy and their network of pharmacies: MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (each “Pharmacy”). I give the pharmacy all the rights I have for healthcare to be paid for through insurance and/or through my employee healthcare benefit plan (self-insured or fully insured). This document is a designation of authorized representation and an assignment to the pharmacy of my right to health insurance and/or healthcare benefits (self-insured or fully-insured). The details of this authorized representation and assignment are set forth below.

I hereby assign and convey directly to the pharmacy, as my assignee and designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services, treatments, therapies, devices, and/or medications rendered or provided by the pharmacy, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the pharmacy to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator, fiduciary, insurer, and/or attorney to release to the above-named healthcare provider any and all employee benefit plan documents, summary benefit description, insurance policy, and/or settlement information upon written request from the above-named healthcare provider or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance and/or plan reimbursement above, I also assign and/or convey to the pharmacy any legal, equitable, or administrative claim, or chose in action arising under any group health plan, employee benefits plan (self-insured or fully insured), health insurance, or tortfeasor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, devices, and/or medications I receive from the pharmacy (including any right to pursue those legal, equitable, or administrative claims or chose in action). This constitutes an express and knowing assignment of ERISA* breach or fiduciary duty claims and other legal and/or administrative claims. I intend by this assignment and designation of authorized representative to convey to the pharmacy all of my rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, and/or medications provided by the above-named healthcare provider, including rights to any settlement, insurance, or applicable legal, equitable, or administrative remedies (including damages, remedies, and civil penalties arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (Pharmacy) is given the right by me to (1) obtain information regarding the claim to the same extent as me; (2) submit evidence; (3) make statements about facts or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chose in action or right against any liable party, insurance company, employee benefit plan (self-insured or fully-insured), healthcare benefit plan, or plan administrator. The pharmacy as my assignee and my designated authorized representative may bring suit against any such healthcare benefit plan, employee benefit plan, plan administrator, or insurance company in my name with derivative standing at provider's expense.

This assignment is irrevocable and valid for all administrative and judicial reviews under PPACA (healthcare reform legislation), ERISA, Medicare, and applicable Federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it was the original.

A copy of this form can be found at bioplusrx.com/patientforms and in your Patient Welcome Booklet.

I understand that I may contact the pharmacy at the number on my prescription label with any questions regarding this form.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT TO THERAPY.

Patient Name ("Patient"): _____

Patient Signature: _____

Date: _____



* ERISA is an acronym for a federal law entitled the Employee Retirement Income Security Act. ERISA governs most group health benefits provided by employee benefit plans. A group health plan is an employee welfare benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Most private sector health plans are covered by ERISA. Among other things, ERISA provides protections for participants and beneficiaries in employee benefit plans (participant rights), including providing access to plan information. Also, those individuals who manage plans (and other fiduciaries) must meet certain standards of conduct under the fiduciary responsibilities specified in the law.

PHARMACY LOCATIONS:

Altamonte Springs, FL
376 Northlake Blvd Altamonte
Springs, FL 32701

Chandler, AZ
145 S 79th St., Suite 70,
Chandler, AZ 85226

Lake Mary, FL
3200 Lake Emma Rd, Suite 1000
Lake Mary, FL 32746

Durham, NC
4900 Prospectus Dr, Suite 300
Durham, NC 27713

Garden Grove, CA
7373 Lincoln Way
Garden Grove, CA 92841

Harvey, LA
2731 Manhattan Blvd, Suite B17
Harvey, LA 70058

Medscripts Medical Pharmacy
1325 Miller Rd, Suite K
Greenville, SC 29607

River Medical Pharmacy
4752 Research Dr
San Antonio, TX 78240

Route 300 Pharmacy
1208 Route 300, Suite 103
Newburgh, NY 12550

Santa Barbara Specialty Pharmacy
4690 Carpinteria Ave, Suite B
Carpinteria, CA 93013

Visit <https://nabp.pharmacy/about/boards-of-pharmacy/> to find and contact your states board of pharmacy.



A Carelon Company



Connect with us on Social Media  