The BioPlus Family of Pharmacies

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. Message and data rates may apply, and how often you hear from us may vary. I understand that I can reply 'HELP' if I need assistance or 'STOP' to opt out of text messages at any time. If I choose to opt out of communications for marketing or commercial purposes, I understand that BioPlus still has the right to contact me about the preparation or delivery of my prescription medications. I can review the BioPlus full digital terms and conditions here: https://bioplusrx.com/terms-of-use/ and our privacy policy here: https://bioplusrx.com/privacy-policy/

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 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 (If applicable): _____

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

Get Help in Your Language

Aside from helping you understand your privacy rights in another language; we also offer this notice in a different format for members with visual impairments. If you need a different format, please call your pharmacy at the phone number on your medication label or at 1-888-292-0744 for help.

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 معالصيدلي وفهم ملصق الوصفة الطبية وفهم المعلومات المكتوبة الأخرى. كما نقدم مساعدات مجانية مثل طريقة برايل أو الطباعة بالأحرف ال لكبيرة. بادر بالاتصال بالصيدلية للحصول على هذه الخدمات سريعًا.

Armenian
Դեղատունն առաջարկում է անվճար բանավոր և գրավոր թարգմանություն 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 می‌دهد. این خدمات عبارتند از کمک در صحبت با داروساز، درک برچسب دارو و فهمیدن سایر اطلاعات مکتوب. ما همچنین کمک‌های رایگانی مانند خط بریل یا چاپ درشت ارائه می‌دهیم. 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 famasyen, 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 ਨੁਸਖ਼ੇ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਅਨੁਵਾਦ ਅਤੇ ਵਿਆਖਿਆ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦੀ ਹੈ। ਇਸ ਵਿੱਚ ਇੱਕ ਫਾਰਮਾਸਿਸਟ ਨਾਲ ਗੱਲ ਕਰਨ ਵਿੱਚ ਮਦਦ, ਨੁਸਖ਼ੇ ਦੇ ਲੇਬਲ ਨੂੰ ਸਮਝਣਾ, ਅਤੇ ਹੋਰ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣਾ ਸ਼ਾਮਲ ਹੈ। ਅਸੀਂ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਰਗੀਆਂ ਮੁਫ਼ਤ 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.

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 serb.