

PHARMACY DELIVERY PROCESS

The patient enrollment form must be filled out in order to be enrolled in the delivery program. This can be done at any clinic.

The "Pharmacy Delivery Service: Patient Enrollment Form" is two pages. Page one is address and credit card information. The second page is terms and conditions.

Step 1. The patient signs they have read and understands this information.

Step 2. A staff member signs and dates the bottom verifying they have reviewed and confirmed this information is accurate.

Step 3. The clinic faxes over the patient enrollment form to the pharmacy at Connelly Springs at (828) 509-5100.

After enrollment and the prescriptions are filled, the patient will receive a call or text (depending on preference). The patient will be advised they have prescriptions ready for delivery. The tech will confirm payment, date, and time of delivery.

Medications will not be dropped off at any clinic for patient pickup. The only medications that can be left at the clinic are ones that will be administered to the patient by the clinic (ex. injections).

Prescriptions can only be left with the patient at their home or with someone that is 18 or older. Each patient, or someone receiving the prescription for the patient, is asked to verify name, birthday, and address for documentation. We will attempt to deliver a medication twice; after that the patient will have to pick up their medication at the pharmacy. We will not make a third attempt for the same medication if the two previous attempts have failed due to the patient not at home or not answering the door.

If no one is home, the Driver can leave a prescription hidden in a door or somewhere on the porch only if the patient says it's okay to do so and the Driver has documentation to leave a prescription in a designated place. A picture is taken of the bag and attached to the receipt for that delivery. Insulins will not be left without patient or representative being at home to accept delivery.

Patient name, birthday, and name of medications will not be sent via text to any patient. The patient will need to call the pharmacy or delivery phone to discuss prescriptions in detail.

Prescriptions will need to be received by 3:30pm to be considered for next day delivery. **Next day delivery is not guaranteed.**

DELIVERY IS A FREE SERVICE!



PHARMACY DELIVERY SERVICE: PATIENT ENROLLMENT FORM

PATIENT/PATIENT'S REPRESENTATIVE INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Insurance Status: Insured (attach copy of card) Uninsured - Slide _____

PAYMENT INFORMATION

Card Type (circle one): Visa MasterCard American Express Discover

Card Number: _____

Card Expiration: _____ CVV: _____

Credit Card Billing Address: Same as physical address Different than physical address

Billing address if different: _____

I hereby authorize charges by High Country Community Health Pharmacy for pharmacy services rendered.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____



**PHARMACY DELIVERY SERVICE: PATIENT ENROLLMENT FORM
TERMS AND CONDITIONS**

Instructions to patient: Please read each item and initial your agreement with the terms and conditions. Signature is required at the bottom of the page to complete enrollment.

_____ **No controlled substances will be delivered to any address.**

_____ The delivery driver reserves the right to refuse delivery to any location that the driver deems unsafe for any reason. The patient or patient’s representative will work with the delivery driver to designate an alternate, mutually agreed upon delivery location.

_____ Pharmacy staff must communicate with the patient prior to delivery to confirm the order, in addition to delivery date, time, and location.

_____ A valid credit or debit card must be kept on file. The credit/debit card on file will be charged prior to delivery. Exact cash is accepted. Driver does not carry change.

_____ The patient or patient’s representative must be present at the time of delivery unless prior arrangements have been previously agreed upon by the patient or the patient’s representative.

_____ The patient will be offered medication counseling to be performed by a pharmacist at the time of delivery. The patient may decline counseling services at any time.

_____ The patient must enroll in the Med Sync program for all medications for chronic conditions.

I have read and understand the above terms and conditions. All of my questions have been answered and explained to me.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____