



MedWiz Specialty Pharmacy

940 S Frontage Rd, Suite 500
Woodridge, IL 60517
Phone: 630-580-1700
Fax: 630-580-1720
Email: ILspecialtypharmacy@medwizrx.com

www.MedWizRx.com

Table of Contents

Welcome	-----	2
Location	-----	2
Hours	-----	2
Our Services	-----	3
Important Information	-----	4-5
Payment Policy	-----	5
Notice of Privacy Practices	-----	6-9

MedWiz Specialty Pharmacy

Welcome to MedWiz Specialty Pharmacy. We are excited to provide you with all your specialty pharmacy needs.

Our staff understands that your medical needs may be complex and that there is a lot to know when working with your doctor and insurance company.

We want to provide you with the kind of personal service you need to make sure you get the most benefit from your therapy, including:

- Insurance verification and coverage
- Monthly fill cycles and medication synchronization so that you receive all your medications at once
- Pre-packaged medications in a MedWiz Specialty Pillbox
- Medications sorted by date and time of administration
- Pouches are clearly labeled, securely sealed, and optimal for use at home and on-the-go
- Patient education and counseling to ensure the safe and effective use of medications
- Personalized Medication Record so that you know all of the medications you are taking
- Proactive refill management
- Pharmacy staff members will work with you 1-2 weeks in advance to ensure you get your medications on time
- Free delivery of your medication
- Free one-on-one consult with your pharmacist
- Initial and ongoing drug monitoring to ensure you get the most optimal care

Location

MedWiz Specialty Pharmacy is located at:

940 S Frontage Rd, Suite 500

Woodridge, IL 60517

Phone: 630-580-1700

Fax: 630-580-1720

Email: ILspecialtypharmacy@medwizrx.com

Website: <https://www.medwizrx.com/specialty-pharmacy-services/>

Hours

We are open Monday to Friday, 9:00 am to 5:00 pm.

We are closed on all major holidays, including New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Our Services

Personalized Patient Care:

Our pharmacy team will talk to you to develop a tailored treatment plan and answer any questions you may have.

Benefits:

Our pharmacy offers insurance verification, a 28-day cycle-fill schedule, and a dedicated team to synchronize medication management and ensure no interruptions in patient therapy.

We Work with your Doctor:

Using a patient-centered approach, our clinical team works directly with patients and their respective providers to develop a tailored, patient-focused healthcare plan that improves patient outcomes, enhances patients' quality of life, and facilitates patient care goal achievement.

Regular Follow-up:

Our team provides initial and ongoing monitoring, proactive refill management, and patient education and counseling to ensure the safe and effective use of medications and promote adherence to therapy.

Pre-packaged Medications:

Our unique program enhances patient adherence and compliance by providing patients with a pre-filled MedWiz Specialty Pill Box. This innovative program sorts medications in individual pouches organized by date and administration time. Pouches are clearly labeled, securely sealed, and optimal for use at home and on the go.

Medication Delivery:

We offer fast and easy delivery to your home, work, or designated favorable location. We will call you in advance to schedule your delivery.

Important Information

Patient Management Program:

As a patient of our specialty pharmacy program, we will monitor your medications and overall progress with our Patient Management Program.

This program will help you manage side effects, increase your ability to stay on drug therapy, and improve your overall health. Regularly, we will review the following:

- Current medications you are on and if they are still suitable for you

- Any side effects you are having
- Your response to therapy
- Your ability to stay on therapy

This service is free, and taking part in the program is voluntary. If you no longer wish to participate in the program, contact our team by phone to opt out.

Medication Refills:

A team member will contact you 7-14 days before your next refill date.

If you want to contact us for refills, call the pharmacy at 630-580-1700.

Make sure to call us at least one week before your medications run out so that we can help you.

Prescription Transfers:

If you feel that MedWiz Specialty Pharmacy cannot meet your needs, we can transfer your prescriptions to the pharmacy of your choice.

If we can no longer provide your prescription, we will transfer your medication to another specialty pharmacy that can continue your care.

For Medication transfers, please call 630-580-1700.

Reporting a problem with a medication:

If you have a medical emergency, call 911 to get help quickly.

If you have a reaction or side effect to your medication, contact your doctor or the MedWiz Specialty as soon as possible.

If you believe there is an error with your medication, please call the pharmacy at 630-580-1700.

Drug Changes:

Sometimes generic drugs need to take place for brand name drugs. This can happen if your insurance company wants you to use the generic, or it may be done to lower your co-pay. If this change needs to be made, a team member will contact you before shipping your medication to let you know.

Proper Disposal of Unused Medications:

You can check with your city or town garbage pick-up service or check the following websites for more information: <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
<https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>

Drug Recalls:

If your medication must be returned, the specialty pharmacy will contact you with instructions given by the FDA or drug manufacturer.

Call us at 630-580-1700 if:

- You have any questions or concerns about your medication and need to speak to a pharmacist.
- You have a side effect or allergic reaction to your medication.
- There is a change in your medication use.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You have a question about your insurance claim.
- You need to check the status of your delivery.
- You need to change your delivery date or time.
- You have any questions or concerns about the service we offer.

We want you to be completely satisfied with the care we provide. If you have any concerns with your medication, the services we provide, or any other problems with your order, call us and speak to one of our staff members.

Payment Policy

Before your medication delivery, a staff member will contact you and inform you that your part of the cost is not covered by your insurance or other third-party sources.

Insurance Claims:

MedWiz Specialty Pharmacy will send claims to your health insurance carrier when your prescription is filled. If the claim is rejected, a staff member will let you know why and work with you to solve the problem. If the claim is rejected because our pharmacy is not in network with your insurance, we will inform you and work to transfer your care.

Co-Payments:

You may have to pay a part of your medication cost, called a co-payment or coinsurance. We accept Visa, MasterCard, American Express, and Discover credit cards. We can keep your credit card information on file securely and safely. If our pharmacy is out of network, and there is any cost for you to use our service, we will let you know.

Financial Assistance:

We will help enroll you in financial assistance programs to help with co-payments and ensure you get your medications with no problems. These programs include discount coupons from drug manufacturers.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the Practice has created this Notice of Privacy Practices (Notice). This Notice describes the Practice's privacy practices and the rights you, the individual, have regarding the privacy of your Protected Health Information (PHI). Your PHI is information about you that could be used to identify you as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the Practice protect the privacy of the PHI that the Practice has received or created.

This Practice will abide by the terms presented within this Notice. For any uses or disclosures not listed below (Including Psychotherapy Notes, Marketing, and Selling of PHI), the Practice will obtain written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below.

The Practice reserves the right to change the Practice's privacy practices and this Notice.

HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of how the Practice is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The Practice will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The Practice may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the Practice workforce.

The following is an accounting of additional ways the Practice is permitted or required to use or disclose PHI about you without your written authorization.

Uses and disclosures as required by law: The Practice is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: The Practice may use or disclose PHI about you to a public health authority authorized by law to collect to prevent or control disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements, and other products as required by law.

Uses and disclosure about victims of abuse, neglect, or domestic violence: The Practice may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect, or domestic violence.

Uses and disclosures for health oversight activities: The Practice may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures to Individuals Involved in your Care: The Practice may disclose PHI about you to individuals involved in your care.

Disclosures for judicial and administrative proceedings: The Practice may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Practice.

Disclosures for law enforcement purposes: The Practice may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: The Practice may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The Practice may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The Practice may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Practice will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The Practice may use or disclose PHI about you if it is believed in good faith and is consistent with any applicable law and standards of ethical conduct to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: The Practice may use or disclose PHI about you for specialized government functions, including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: The Practice may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The Practice may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

Disclosures to business associates: The Practice may disclose PHI about you to the Practice's business associates for services that they may provide to or for the Practice to assist the Practice in providing quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

The Practice may contact you for the following purposes:

Information about treatment alternatives: The Practice may contact you to notify you of alternative treatments and/or products.

Health-related benefits or services: The Practice may use your PHI to notify you of benefits and services the Practice provides.

Fundraising: If the Practice participates in a fundraising activity, the Practice may use demographic PHI to send you a fundraising packet, or the Practice may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt out of all future fundraising activities.

FOR ALL OTHER USES AND DISCLOSURES

The Practice will obtain written authorization from you for all other uses and disclosures of PHI, and the Practice will only use or disclose under such authorization. In addition, you may revoke such authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Ferris Joseph to obtain a *Request for Restriction of Uses and Disclosures*.

YOUR HEALTH INFORMATION RIGHTS

The following is a list of your rights with respect to your PHI. Please contact Ferris Joseph for more information about the below.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of the Practice's uses and disclosures of your PHI. The Practice is not required to accommodate a request, except that the Practice is required to agree to a request to restrict disclosures to health insurance plans related to products and services you pay out-of-pocket for.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that the Practice communicate confidentially with you using an address or phone number other than your residence.

However, state and federal laws require the Practice to have an accurate address and home phone number in case of emergencies. The Practice will consider all reasonable requests.

The right to inspect and/or obtain a copy of your PHI: You have the right to request access and/or obtain a copy (Paper or Electronic) of your PHI contained in the Practice for the duration the Practice maintains PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges if any.

The right to amend your PHI: You have the right to request an amendment of the PHI the Practice maintains about you if you feel that the PHI the Practice has maintained about you is

incorrect or otherwise incomplete. Under certain circumstances, we may deny your request for amendment. If we reject the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services (“HHS”), or their appropriate designee, to review such a denial.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by the Practice.

The right to receive additional copies of the Practice’s Notice of Privacy Practices: You can obtain additional paper copies of this Notice upon request, even if you initially agreed to receive the Notice electronically.

Notification of Breaches: You will be notified of any breaches that have compromised the privacy of your PHI.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The Practice reserves the right to change and/or revise this Notice and make the revised version applicable to all PHI received before its effective date. The Practice will also post the revised version of the Notice in the Practice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice and/or to the Secretary of HHS or their designee. If you wish to file a complaint with the Practice, please contact Ferris Joseph.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

The Practice will not take any adverse action against you due to your complaint filing.

CONTACT INFORMATION

If you have any questions on the Practice’s privacy practices or for clarification on anything contained within the Notice, please contact:

MedWiz Specialty Pharmacy, Rouzan Srour, Pharm.D. – Pharmacist in Charge
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