

*Dear Patient,*

*The team members of Urology Centers of Alabama (UCA) Dispensary would like to welcome you and say thank you for choosing us for your Urologic, Radiation Oncology, Medical Oncology and Dispensary needs. The UCA Dispensary is committed to providing our patients with the highest level of quality and personalized care. We collaborate closely with your physician and clinical team to ensure that we provide services in accordance with your written plan of care. Our physicians and providers are leading the way in innovative medical practices, investigating the effectiveness of all treatment options, including new drugs and procedures that hold great promise, and playing an integral role in the field of urology through on-site research studies.*

*If you have any questions with any of the content included in this welcome packet, please contact us.*

*Sincerely,*

*UCA Dispensary Team Members*

**Contact Information**

Phone: (205) 445-0183  
Toll Free: (800) 452-1464  
Fax: (205) 263-5153

Monday: 8:00am – 5:00pm  
Tuesday: 8:00am – 5:00pm  
Wednesday: 8:00am – 5:00pm  
Thursday: 8:00am – 5:00pm  
Friday: 8:00am – 4:30pm

Urology Centers of Alabama Dispensary (upper level)  
3485 Independence Drive  
Homewood, AL 35209  
[www.urologycentersalabama.com](http://www.urologycentersalabama.com)



**After-Hours Services**

If you need assistance outside of our normal business hours, you may leave a secure message on our voicemail and/or answering service, and we will address it the following business day. If you have an urgent need regarding your medication, you may contact our answering service at (205) 930-0920. A physician is on call and available to assist with your clinical questions and/or will direct you to your personal physician.

## Welcome Packet Checklist

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## About Us: Urology Centers of Alabama & Urology Centers of Alabama Dispensary

Welcome to Urology Centers of Alabama (UCA), where our team of skilled urologists and urogynecologists is committed to providing patients with high-quality, personalized medical care in our state-of-the-art facilities. Our physicians specialize in the comprehensive treatment of urological disorders using the most advanced technology available.

For over 70 years, Urology Centers of Alabama has been committed to providing the highest quality medical services in a compassionate and caring environment. With twenty-seven skilled urologists, two urogynecologists, two radiation oncologists, two medical oncologists, one pathologist, a team of physicians' assistants and nurse practitioners, and over 235 team members, our practice has earned a well-deserved reputation for excellence in the Birmingham medical community.

The Urology Centers of Alabama Dispensary was established December 1, 2014, to provide on-site services to our patients in need of oral medications to treat Erectile Dysfunction and oral oncolytic medications that treat cancer. Our goal is to provide our patients with medications, services, education, and information for all oral medications prescribed by our UCA physicians. Prescriptions may be processed electronically or via a paper prescription by our UCA physician(s). Upon receipt of your prescription, our Dispensary team will perform a review of your written plan of care and medication profile, check for drug allergies and drug interactions, verify eligibility and insurance benefits, and process your prescribed medications. The UCA Dispensary services patients at any of the UCA locations. Additionally, with each new prescription you will also receive the following added values:

- Medication education with each new prescription
- An insurance "verification of benefits" for a comprehensive look at coverage
- Relief from high copays by utilizing manufacturer discounts or assistance through foundation grants, when applicable
- Shipment of medications to your home, if desired

Urology Centers of Alabama Dispensary is accredited by the Accreditation Commission for Health Care (ACHC). If you have any concerns about the product or services that you receive from Urology Centers of Alabama Dispensary, you may contact the ACHC directly at (855) 937-2242.

## Frequently Asked Questions

### ***What is a specialty pharmacy/dispensary?***

A specialty pharmacy/dispensary provides individualized care and dispensing of specialty medications. Specialty medications are a recent designation of pharmaceuticals used to treat complex chronic conditions. They are often high-priced and may require special handling and storage. Urology Centers of Alabama Dispensary helps maximize the benefits by providing personalized care for our patients requiring specialty medications.

### ***What are the Dispensary's hours of operation?***

Monday through Thursday 8:00am – 5:00pm; Friday 8:00am – 4:30pm

### ***Does the Dispensary provide after hour services?***

Yes, the UCA Dispensary offers after-hours services with access to a UCA physician by calling (205) 930-0920 or (800) 452-1464.

### ***How do I check on a prescription status?***

You may call the UCA Dispensary at (205) 445-0183 or (800) 452-1464.

### ***How do I pay for my prescriptions?***

The UCA Dispensary accepts payment methods of cash, personal check, Visa, MasterCard, Discover, and American Express.

### ***What if I cannot afford my medication or it is not covered by my insurance?***

The UCA Dispensary will research financial assistance for those in need. Additionally, our team members can help arrange manufacturer assistance programs for those who qualify. If you have any questions about financial assistance or your out-of-pocket costs, please call one of our team members at the UCA Dispensary at either (205) 445-0183 or (800) 452-1464. If your medication is not covered by your insurance, we will collaborate with you and your physician to find the best alternative for you.

### ***Can the dispensary staff help with insurance requests?***

Yes, the UCA Dispensary Team Members collaborate with your physician(s) to obtain insurance authorizations.

### ***I live a long distance from Homewood, do I have to come to the UCA Dispensary to get my medications?***

No, you can ask to have your prescription shipped to your home via FedEx or USPS, or to one of our UCA offices via our courier services.

### ***How long will it take to get my medication if I am having it delivered?***

Most medications deliver within one to two business days via next day FedEx. There is no additional charge for shipping your medication(s) to you or if we deliver the medication(s) to one of our clinic locations. The UCA Dispensary does not ship outside the state of Alabama.

***Can I fill other medications at the UCA Dispensary?***

No, the UCA Dispensary only dispenses oral medications used in the treatment of Erectile Dysfunction or cancer. Additionally, the UCA Dispensary only fills medications prescribed from the physicians at Urology Centers of Alabama.

***What do I need to know about storage and handling of my medications?***

All medications will have specific information for handling and storage of the medication either on the bottle and/or with the drug insert provided at the time of purchase. General storage tips include the following:

- Consider storing your medications separately from those of your other family members, such as on a different shelf or in a different cabinet or drawer.
- Store your prescription medications in a safe, cool, dry place.
- Prescription medications should be out of the sight and reach of children and pets. Consider using child-proof features on lids if possible.
- Keep all medications in a place with good lighting so you can clearly read the label and take the correct amount as directed.
- Store your medications in its original container, with dosing information at your fingertips.
- Always keep the lid tightly closed on prescription medications.
- Save and organize the information leaflets the Dispensary provides you with your prescriptions. These documents will remind you when and how to take your medication, about any special storage directions, and potential drug side effects.

***How do I dispose of medications?***

- Proper disposal of unused or expired medications is important for preventing accidental ingestion, drug diversion, or even environmental contamination. Instead of throwing them in the trash or flushing them down the toilet, there are local organizations which can safely dispose of medications for you, including pharmacies and police stations.
- If dropping medications off at a designated site is not an option, you can obtain information on how to dispose of medications at [Where and How to Dispose of Unused Medicines | FDA](#) on the Food and Drug Administration (FDA) website.
- **Please bring any unused portion of chemotherapy medication(s) to our Dispensary or one of our UCA clinics and we will dispose of them for you.**

***How do I manage adverse reactions?***

If you experience any adverse reactions to your medication(s), please contact your prescribing physician. If you are having a severe reaction, please call emergency medical services.

***How do I access medication in case of an emergency or disaster?***

In the event of an emergency or disaster situation, you may contact 1) the UCA Dispensary at (205) 445-0183, 2) any UCA clinic at (205) 930-0920, or 3) the after-hours answering service at (205) 930-0920. One of our team members will provide you with further instructions on how to obtain your prescribed medications.

## **Patient's Rights & Responsibilities**

As a patient participating in the Urology Centers of Alabama Dispensary services, you are entitled to receive in writing your rights and responsibilities. It is the responsibility of the UCA Dispensary to ensure the care you receive is compliant with federal, state, and local laws, and regulatory agencies. Listed below are your rights and responsibilities as a patient of UCA Dispensary:

### **Patient's Rights**

*Patients of the Urology Centers of Alabama Dispensary and its services, have the following rights:*

1. Choose the pharmacist, pharmacy provider, or dispensary where your prescriptions are filled, and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, certain insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost. If the UCA Dispensary is not in network with your insurance carrier, we will refer you to a specialty pharmacy to fill your prescription.
2. Request and receive information in a timely manner about the services offered at the UCA Dispensary.
3. Be treated in a fair, courteous, and respectful manner by all UCA Dispensary team members.
4. Receive products and services in a professional manner that is without discrimination related to your race, age, sex, religion, ethnic group, national origin, sexual orientation, cultural or political beliefs, or any disability.
5. Receive information, treatment, and care from competent and qualified personnel. This includes the right to receive written instructions on self-care, safe administration of medication or devices, proper handling and storage of medication or devices, and necessary information for safe and efficacious use of the medication as intended by the prescribing physician.
6. Receive verbal or written information in a language and at a level in which you understand.
7. Have your privacy and confidentiality maintained as described in the Notice for Privacy Practices.
8. Receive information about who receives your personal health information. This includes notification in the case of your health information being wrongfully disclosed.
9. Receive information and/or referrals in the event that the UCA Dispensary is unable to provide you treatment or care. This includes any changes to the site or level of care as required by you or your insurance plan.
10. Decline participation, revoke consent, or disenrollment in any or all services offered by UCA Dispensary. This does not exempt you from the terms allowed and written in the benefits policy of your insurance plan.
11. Have care that is free from maltreatment as defined. Maltreatment means the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.
12. Express concerns, grievances, and complaints about the level of care you receive from the UCA Dispensary without any reprisal. This includes the right to have the incident escalated if you are unsatisfied with the response or resolution.
13. Receive information regarding any charges or payments for services you received at UCA Dispensary. This includes information on how to make payments of the charges incurred.
14. Receive medication and/or device products in a timely manner.
15. Receive medication and/or device products that have maintained their quality, purity, and integrity, as defined, and recommended by the product's manufacturer. This includes that you have received products that are not adulterated or misbranded.
16. Participate in the planning of your treatment and care plan. This includes the right to discuss alternative treatment options and the right to include family members and/or other patient representatives to be involved in your care.

### **Patient's Rights (Continued)**

17. Identify the program's staff members, including their job title, and to speak with a staff member's supervisor or a health professional.
18. Receive information and instructions regarding recalled or discontinued medications or devices.
19. Have personal health information shared with the patient management program in accordance with state and federal law.

### **Patient's Responsibilities**

*Patients of the Urology Centers of Alabama Dispensary and its services, have the following responsibilities:*

1. Adhere to the plan of treatment as prescribed by your physician.
2. Communicate any barrier or concerns with following the instructions, using the device, or adhering to scheduled dosing intervals.
3. Participate in the development of plan for your treatment and care.
4. Be an active participant through your care plan with the UCA Dispensary and any transitions of care.
5. Communicate to the UCA Dispensary team members any relevant information that relates or will change your treatment and care plan. This includes providing complete and truthful medical and personal information.
6. Notify the UCA Dispensary if you are going to be unavailable to receive your medications scheduled. It is your responsibility for any payments or damages to products that are incurred once the shipment or pick up of product has been confirmed with you or your representative and the dispensed product has left the dispensary.
7. Provide payment in a timely manner for all copays, coinsurances, and/or invoices upon receipt from the UCA Dispensary. Payments are to be paid in full at the time of service.
8. Use the medication as directed by the UCA physician and UCA Dispensary. Modifying or using the medication not as directed releases any liability by the pharmacy and the manufacturer. Please refer to the Damaged, Recalled, and Discontinued Medications section on the patient information sheet.
9. Provide the UCA Dispensary with your most current and active insurance coverage information.
10. Notify the UCA Dispensary of any insurance or financial changes that could affect your treatment and care plan.
11. Notify the UCA Dispensary of any changes to your address, phone number, delivery location, or delivery preferences.
12. Notify UCA Dispensary of any errors with prescriptions or medications received from UCA Dispensary.
13. Submit all forms and paperwork that are necessary to enroll in any pharmacy/dispensary programs.
14. Treat UCA Dispensary personnel with respect and dignity without discrimination as to race, age, sex, religion, ethnic group, sexual orientation, cultural or political beliefs, and/or any disability or national origin.

If you have questions or concerns regarding your rights and responsibilities, you may contact the UCA Dispensary directly at (205) 445-0183 or by sending written correspondence to:

Urology Centers of Alabama  
3485 Independence Drive  
Homewood, AL 35209

I acknowledge by acceptance of this form that I have received the Patient's Rights and Responsibilities.

## Notice of Privacy Policy

*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.*

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:** The following categories describe ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, upon request. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at UROLOGY CENTERS OF ALABAMA, P.C. (UCA) may be billed to, and payment may be collected from you, an insurance company, or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who participate in taking care of you at UCA or the hospital. For example, we may disclose medical information about you to people outside UCA who may be involved in your medical care, such as family members, clergy or other persons that are part of your care. UCA and its health professionals, exercising their best judgement, may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**For Health Care Operations:** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run UCA and ensure that all our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other Practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts.

**WHO WILL FOLLOW THIS NOTICE:** This notice describes our Practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff, and other Practice personnel UCA contracts with business associates to provide services on its behalf. Personal health information may be disclosed to business associates to perform their respective job functions, but UCA requires business associates to safeguard your information.

**CONSENT TO CONTACT:** I authorize and grant consent for UCA, its assignees, and third party collection agents to utilize all contact information I have provided in efforts to contact me to communicate regarding my account, including debt collection, by a live person or automated dialing device. This includes, but is not limited to cellular telephone, employment telephone, home telephone, and any form of digital communications including, but not limited to, contact by manual calling methods, prerecorded or artificial voice messages, emails, text messages, and/or automatic telephone dialing systems.

**Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:** We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about treatment options, alternatives, or health related benefits and services that may be of interest to you. When leaving a voicemail, UCA will provide the physician's name, person calling, and telephone number. Communication methods may include email, text, phone, electronic facsimile, or mail. UCA may also use or disclose information to notify a family member, personal representative, or another person responsible for you care, of our location and your general condition.

**POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION:** We create a record of the care and services you receive at UCA. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by UCA, whether made by Practice personnel or by your personal doctor.

- The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect.
- Other ways we may use or disclose your protected healthcare information include the following: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives.
- UCA may use your protected healthcare information to submit to the professional certification board for purposes required for physicians' qualification to complete their specialty board examination.
- Federal and state laws could permit UCA to participate in organizations with other health care providers, insurers, and/or other health care industry participants to share your information with one another to accomplish goals such as improving the accuracy and increasing the availability of your health records, aggregating, and comparing your information for quality improvement purposes, and other purposes as permitted by law.
- Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners, and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; and others; public health risks; and worker's compensation.

## **NOTICE OF INDIVIDUAL RIGHTS**

You have the following rights regarding medical information we maintain about you:

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain limited circumstances.

**Right to Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, UCA. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, and you must provide a reason that supports your request. We may deny your request for an amendment.



**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who participates in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

**Right to Request Removal from Fundraising Communications:** You have the right to opt out of receiving fundraising communications from UCA.

**Right to Restrict Disclosures to Health Plan:** You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing, and you must specify how or where you wish to be contacted.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We will post a copy of the current notice in UCA waiting room.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with UCA or with the Secretary of the Department of Health and Human Services. To file a complaint with UCA, please contact the Privacy Officer by phone at 205-930-0920 or mail to Urology Centers of Alabama, P.C., 3485 Independence Drive Homewood, AL 35209. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you have any questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer at (205) 930-0920 or 1 (800) 452-1464. UCA reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains.

I acknowledge by acceptance of this form that I have received the Notice of Privacy Practices and Notice of Individual Rights.

**Privacy Complaint Form**

Both federal and state laws provide for confidentiality of your protected health information, including information maintained in your medical record. It is Urology Centers of Alabama Dispensary’s policy to maintain the confidentiality of all such information and to not use or disclose it without the consent or authorization of the patient or as specifically allowed by law. To that end, we treat our patients’ concerns about our privacy practices very seriously. You may use this form to let us know of any privacy concerns you may have about our use or disclosure of your protected health information.

The UCA Compliance Committee reviews all complaints regarding privacy concerns. Once the review is complete, you will receive a written response from Urology Centers of Alabama. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. For information on the procedures for filing such a complaint, please contact us at the address or phone number listed below.

**Filing this complaint does not affect your ability to receive treatment at any UCA Health Care location.**

*Please complete this side only if you are filing a complaint related to someone else.*

Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient’s Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Patient’s Telephone: \_\_\_\_\_

Please use the space below to explain your complaint: (continue on the back of this page if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicable, please provide Legal Representative’s Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Please send this form to: Urology Centers of Alabama, Compliance Committee  
3485 Independence Drive, Homewood, AL 35209  
Phone: (205) 930-0920

**Patient Concerns and Grievances Form**

Urology Centers of Alabama, PC, is committed to providing our patients with the best level of care possible. Please complete this form if you have concerns about the health care or treatment that you or a family member received, or did not receive, while receiving care or services at one of our locations. Patients have the right to report any concerns, complaints, and grievances they experience with Urology Centers of Alabama. Your feedback is important to us, and every case will be addressed promptly upon receipt by our management team. To submit a concern, complaint, or grievance, you may do so by completing one of the following three options:

1. Complete this form and mail to: Urology Centers of Alabama  
3485 Independence Drive  
Homewood, AL 35209
2. Call us at 205-930-0920.
3. Discuss in person at the address above.

Once your concern has been investigated, you will receive a written or verbal response from Urology Centers of Alabama within 14 days. If you feel the case has not been resolved to your satisfaction, you have the right to contact us and request the case be re-reviewed and escalated. Filing of this complaint does not affect your ability to receive treatment or care at Urology Centers of Alabama, PC, or any of our clinics.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Complete this side only if you are filing a complaint on behalf of someone else.*

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_

Please use the space below to explain your complaint: (may continue the back of this page if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable, please provide Legal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## **Patient Satisfaction Surveys**

The Urology Centers of Alabama Dispensary is committed to providing our patients with the best level of care possible and your satisfaction is important to us. We will periodically send surveys to your home, phone, or patient portal to assess your level of satisfaction with our services.

Questions we may ask on our survey include, but are not limited to, the following:

1. Was your medication delivered on time?
2. Was your medication dispensed and delivered accurately?
3. Were the Dispensary team trained and knowledgeable of how to assist you with your prescriptions?
4. Were the educational materials and instructions provided to you adequate to educate you on the medications dispensed to you?
5. Were the Dispensary team members courteous and helpful?
6. Were your financial responsibilities explained to you?
7. Do you receive advice or help from the Dispensary team members when needed?
8. Did the services provided by the UCA Dispensary make a positive impact on the outcome of your care and/or treatment?
9. Would you recommend the UCA Dispensary to your friends and family?
10. Did the services provided by the UCA Dispensary meet your needs and expectations?

## **Patient Information and Instructions**

### **Medication Refills**

You can order medication refills by any of the following methods:

1. Call the UCA Dispensary at (205) 445-0183 or toll free at (800) 452-1464 to request a refill.
2. If after hours, you may call the UCA Dispensary voicemail at (800) 452-1464 or toll free at (800) 452-1464. Be sure to include your name, date of birth, medication, and prescription number you would like to have refilled.
3. Come by the UCA Dispensary located at the Homewood office.
4. Call your prescribing physician, nurse, or secretary to request a refill.

Prior to shipping of medication, a member of the UCA Dispensary will call you to confirm the delivery date, the location where you want to receive the medication, and information regarding your copay (if applicable).

### **Recalled Medications**

If a manufacturer issues a recall on a medication you have received from the UCA Dispensary, a member of our team will notify you of the recall and provide instructions on how to dispose of or return the medication. The UCA Dispensary team will collaborate with you and your physician to promptly replace or find an alternative medication.

### **Discontinued and Out of Stock medications**

If a medication you are taking is discontinued by the manufacturer or is currently unavailable, the UCA Dispensary will notify you upon your next refill. The UCA Dispensary team will collaborate with you and your physician to promptly replace or find an alternative medication.

### **Medication Substitutions**

The UCA Dispensary has the right to dispense a generic substitution of the medication prescribed as determined by the law. You will be notified if you are dispensed a medication from a different generic manufacturer.

### **Additional Information on your medication or disease state**

If you wish to receive more information regarding your medication, please contact the Urology Centers of Alabama Dispensary.

### **Language Support Services**

Language support services can be provided by the Urology Centers of Alabama Dispensary upon request.

## **Medicare Prescription Drug Coverage and Your Rights**

### **Your Medicare Rights**

*Patients with Medicare Prescription Drug Coverage have the following rights:*

- Right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy/dispensary.
- Right to request a special type of coverage determination called an “exception” if you believe:
  - you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is known as a “formulary.” A coverage (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
  - you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price

### **If You Disagree with Decisions Made regarding your Medicare Drug Coverage**

- You or your prescriber may contact a Medicare representative by calling the plan’s toll-free phone number located on the back of your plan membership card, or by going to your plan’s website, and request a coverage determination.
- You or your prescriber can request an expedited (24-hour) decision if delays could jeopardize your health by waiting up to 72 hours for a decision.
- When calling your Medicare representative, be prepared to provide the following information:
  - The name of the prescription drug that was not filled, and the dose and strength, if known.
  - The name of the pharmacy that attempted to fill your prescription.
  - The date you attempted to fill your prescription.
- If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

### **What You Can Expect from your Request**

- Your Medicare drug plan will provide you with a written decision.
- If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.