

Dear Patient,

Welcome to Rush Specialty Pharmacy. We are excited about the opportunity to serve you for all of your pharmacy needs.

The staff at Rush Specialty Pharmacy understands that your medical needs may be complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- ✓ Enrollment in the Patient Management Program
- ✓ Training, education and counseling
- ✓ Refill reminders
- ✓ Free delivery of your medication
- ✓ Access to clinically trained personnel 24 hours a day, 7 days a week (including holidays and weekends)
- ✓ Coordination of prior authorization with your insurance company

Rush Specialty Pharmacy is located at

1520 West Harrison St

Suite 4068

Chicago IL 60607

Our business hours are:

Monday-Friday 8am-5pm

Phone: 800-895-7077 or 312-942-3444

Fax: 312-942-3455

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

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing Rush Specialty Pharmacy.

Sincerely,

The Rush Specialty Pharmacy Team

What to expect:

We recognize that your medical needs may be complex and can feel overwhelming at times. We are here for you. At Rush Pharmacy, our staff is dedicated to working with you, your doctors and nurses, family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

You can expect:

- ✓ **Personalized patient care**
Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have.
- ✓ **Collaboration with your Doctor**
We work directly with your doctors and caregivers and are here to make sure any difficulties you may be having with your treatment are addressed immediately with your doctors.
- ✓ **Regular follow-up**
Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment and will be your healthcare advocate.
- ✓ **Benefits**
Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits.
- ✓ **Delivery**
We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you 5 - 7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.
- ✓ **24/7 Support**
Our Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.

When to contact us:

- ✓ If you have any questions or concerns about your medication
- ✓ When you suspect a reaction or allergy to your medication
- ✓ A change has occurred in your medication use
- ✓ Your contact information or delivery address has changed
- ✓ Your insurance information or payment source has changed

- ✓ You need to check the status of your delivery
- ✓ You need to reschedule or change your delivery
- ✓ You have any questions or concerns about our specialty pharmacy service

Payment Policy

Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

Rush Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Co-payments

You may be required to pay a part of your medication cost, called a copayment. If you have a co-payment, it must be paid at the time of shipping or pick-up. We accept Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment.

Financial Assistance

We have access to financial assistance programs to help with co-payments and ensure that there are no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

Patient Bill of Rights and Responsibilities

Rush Specialty Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of Rush Specialty Pharmacy, to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

As our patient, you have the right to:

- Select those who provide you with Pharmacy services
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- Express concerns, grievances, or recommend modifications to your Pharmacy in regards to services or care, without fear of discrimination or reprisal
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- Request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- Be given information as it relates to the uses and disclosure of your plan of care
- Have your plan of care remain private and confidential, except as required and permitted by law
- Receive instructions on handling drug recall

- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- Receive information on how to access support from consumer advocates groups
- Receive pharmacy health and safety information to include consumers rights and responsibilities
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patients have the responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- Participate in the development and updating of a plan of care

- Communicate whether you clearly comprehend the course of treatment and plan of care
- Comply with the plan of care and clinical instructions
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- Respect the rights of Pharmacy personnel
- Notify your Physician and the Pharmacy with any potential side effects and/or complications
- Notify Rush Specialty Pharmacy telephone when medication supply is running low so refill maybe shipped to you promptly
- Maintain any equipment provided

Specialty Pharmacy Patients have the below additional rights and responsibilities:

- To have personal health information shared with the patient management program only in accordance with state and federal law
- The right to identify the program's employees, including of the program and their job title, and to speak with an employee's supervisor if requested
- The right to speak to a health professional
- To receive information about the patient management program
- To decline participation, revoke consent or dis-enroll at any point in time
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the patient management program of changes in this information
- To notify their treating provider of their participation in the patient management program, if applicable



Talk to your
pharmacist.

It may save
your life.

**Illinois law requires the pharmacist talk to you
about any new or changed prescriptions.**

Education ensures safe and effective use of your medications,
reducing the chances of a serious interaction.

If you receive prescriptions by mail, you may contact the
pharmacist at the number provided on your order.

If the pharmacist fails to discuss any new or changed prescriptions
with you, please contact the state regulatory authority.

**Department of Financial and Professional Regulation
Division of Professional Regulation**

Complaint Intake Unit
100 West Randolph Street, Suite 9-300
Chicago, IL 60601
Phone: (312) 814-6910
www.idfpr.com

Important Information

- Patient Management Program
 - As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program. This program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health, when you are willing to follow the treatment plan determined by you, your doctor and pharmacist. This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

- Refills
 - You will be contacted by a team member 5 - 7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a medication access coordinator or pharmacist to process your refill requests.

- Prescription Transfers
 - If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. Please call us.

If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.

- Delivery and Storage of your Medication
 - We deliver medication to your home, doctor's office, or to an alternative location at no cost to you. We will also include other supplies, such as a sharps container, as requested. We coordinate all refills to make sure that you, or an adult family member, is available to receive the shipment. Please note we require a signature for all medication deliveries.

 - If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.

 - If the package looks damaged or is not in the correct temperature range, please call us.

- Adverse Drug Reactions

- If you are experiencing adverse effects to the medication please contact your doctor or our Pharmacy as soon as possible.
- Drug Substitution Protocols
 - From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring that the generic be dispensed or to reduce your copay. If a substitution needs to be made, a team member will contact you prior to shipping the medication to inform you of the substitution.
- Proper Disposal of Sharps
 - Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
 - Contact local waste pickup services for their policy on sharps container pickup. You can also check the following website for additional information:
<https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers>
<https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps>
<https://safeneedledisposal.org/>
- Proper Disposal of Unused Medications:
 - For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
<https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>
- Drug Recalls
 - If your medication is recalled, the specialty pharmacy will contact you, with further instructions, as directed by the FDA or drug manufacturer.
- Emergency Disaster Information
 - In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure that your therapy is not interrupted.
- Concerns or Suspected Errors
 - We want you to be completely satisfied with the care we provide. If you have any issues with your medication, the services rendered, or any other issues

related to your order, please contact us directly and speak to one of our staff members.

- Patients and Caregivers have the right to voice complaints and/or recommendation on services to the Pharmacy. Patients and caregivers can do so by phone, fax, writing, or email.
 - Illinois Board of Pharmacy
 - Website: <https://www.idfpr.com>
 - Telephone: (888)473-4858
 - URAC Complaint Info
 - Website: <https://www.urac.org/file-a-grievance>
 - Email Address: grievances@urac.org
 - General Phone Number: (202) 216-9010
 - ACHC Complaint Info
 - Website: <https://www.achc.org/contact/> /For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department

FOR ADDITIONAL INFORMATION REGARDING YOUR CONDITION OR DIAGNOSIS, YOU CAN VISIT THE FOLLOWING WEBSITES:

- Cystic Fibrosis
 - <https://www.cff.org/>
- Dermatology
 - <https://www.psoriasis.org/home>
 - <https://eczema.org/>
- Gastroenterology
 - www.crohnsforum.com
 - <https://www.crohnscolitisfoundation.org>
- Hepatology
 - <http://www.help4hep.org/>
 - <https://www.hcvguidelines.org/>
- Multiple sclerosis
 - <https://msfocus.org/Get-Help/Support-Groups.aspx>
 - <https://www.nationalmssociety.org/Resources-Support/Find-Support/Join-a-Local-Support-Group>
- Pulmonology
 - <http://www.lung.org/>
- Rheumatology
 - <https://www.rheumatoidarthritis.org/resources/>
 - <https://www.rheumatology.org/>

Emergency & Disaster Preparedness Plan

Rush Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, snow storms, tornadoes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement of weather in the local area, Rush Specialty Pharmacy will contact you prior to any atrocities the city may encounter. However, if there may be a threat of disaster or inclement of weather in an area you reside, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

Rush Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Rush Specialty Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before an inclement weather emergency such as a snowstorm utilizing the weather updates as point of reference.
 - a. If you are not in the Chicago area and are aware you will be experiencing inclement weather you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or FedEx next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy so you do not have to go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number.
6. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

Cleaning Your Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do **not** get rid of all types of germs.

- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- ✓ If children are in the home, store medications and poisons in childproof containers and out of reach.
- ✓ All medication should be labeled clearly and left in their original containers.
- ✓ Do not give or take medication that were prescribed for other people.
- ✓ When taking or giving medication, read the label and measure doses carefully.
- ✓ Know the side effects of the medication you are taking.
- ✓ Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Mobility Items

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and/or falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs, and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness.
- Wipe up all spilled water, oil, or grease immediately.
- Pick up and keep surprises out from under foot including electrical cords & rugs.
- Keep drawers and cabinets closed
- Install good lighting

Lifting

If it is too big, too heavy or too awkward to move alone -GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees and straddle the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

Electrical Accidents

Watch for early warning signs, overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Use a ground on 3-wire plugs to prevent shock in case of electrical "fault."
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors.
- Shut off appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Don't use matches or turn on electrical switches.
- Don't use telephone - dialing may create electrical sparks.
- Don't light candles.
- Call Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received RUSH SPECIALTY PHARMACY welcome packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to or dropped off at:

Rush Specialty Pharmacy
1520 W. Harrison St STE 4068
Chicago, IL 60607

I confirm that I have received RUSH SPECIALTY PHARMACY Welcome packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Financial Obligation and Complaint Process.

Name (Please Print) _____

Signature

Billing Address

City, State, Zip

Phone #

Date

Thank you for choosing RUSH SPECIALTY PHARMACY to service all of your pharmacy needs.

Enrollee's Name: _____(Optional)

Drug and Prescription Number: _____(Optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the 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 called a "formulary;"
- a coverage rule (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 a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request 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:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. 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.

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.

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 collection is 0938-0975. 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, and gather the data needed, and complete and review the information collection. If you have any 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, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Form CMS -10147
(Expires: 02/28/2025)

OMB Approval No. 0938-0975