



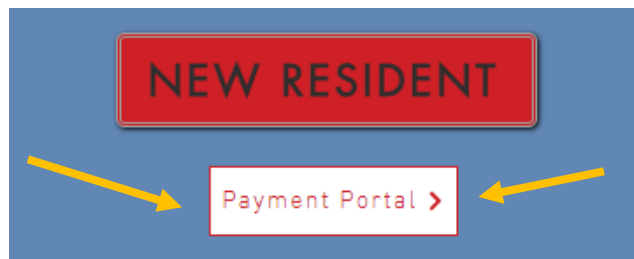
P4 PHARMACY WELCOME AND INFORMATION PACKET

Phone: 385-415-5863

EMAIL: info@p4pharmacy.com

WEBSITE: <https://www.p4pharmacy.com>

PAYMENT PORTAL: Access the portal link directly from our website!



3583 W 9800 S Suite 101 B South Jordan, Utah 84095

WELCOME TO P4 PHARMACY

The staff of P4 Pharmacy would like to welcome you! We are excited to provide service for you or your loved one. P4 Pharmacy is a locally owned business based in South Jordan, UT.

At P4 Pharmacy we provide services for patients of long-term care communities (i.e. assisted living, skilled nursing, rehabilitation, home health, youth group homes and hospice). Services include, but are not limited to, consultation, immunizations, medications and delivery!

P4 Pharmacy will work with you, your physician and your insurance company to ensure that your needs are met. Thank you for this opportunity!

We will call on any medication with a copay price above \$25 for approval for patients in a youth group home setting or anything above \$50 for all other long term care settings!

We offer custom set approval options or anything else that the above terms do not accommodate for your needs! Contact us for more information!



PATIENT INFORMATION

Please make sure to fill out all required fields with (*). All other information is optional but is helpful to ensure the best quality of service!

*Name: _____ *Date of Birth: _____
SSN#: _____ *Allergies: _____
*Gender: _____ Room #: _____
Primary Doctor: _____ Doctor #: _____
Move-in Date: _____
*Community Name: _____
*Responsible Party (send statements to): _____
*Street Address: _____
*City: _____ *State: _____ *Zip: _____
*Phone: _____ email: _____
(Email will be used only for delivery of monthly invoice)
*Relationship to Patient: _____
Prescription Insurance #: _____
*Rx ID #: _____ Rx BIN #: _____
Rx PCN #: _____ Rx Group #: _____

Please attach a copy of both sides of the Insurance Card

If we are unable to bill insurance then the Responsible Party will be billed cash price for all medications. We will call on anything over \$50 for Long Term Care patients and over \$25 for Youth Group Homes patients!

PAYMENT AGREEMENT

P4 Pharmacy will bill all appropriate agencies/insurances when possible, but the resident/patient or responsible party is ultimately accountable for any and all non-covered charges and co-payments.

For Youth Group Homes that are on a grant, the grant does not include medication costs for your child. We will need payment arrangements prior to sending any medications.

- Private Pay: P4 Pharmacy will bill the resident/patient or responsible party will be billed directly if no insurance is available.
- Insurance: After insurance has been billed, the resident/patient or responsible party will be billed for all copays or non-covered charges.
- Hospice: P4 Pharmacy will bill the hospice agency for all related charges. The patient or responsible party will be billed for all noncovered charges.

Create an account on our Payment Portal to gain access to monthly invoices, set up auto pay and receive emailed receipts!

Call us at 385-415-5863 for more information!

I, The individual specified below, agree to allow P4 Pharmacy to use the included credit card, bank account information or other method of payment to pay for pharmacy services as defined above. I understand that this information will be stored securely and that suitable measures will be taken by the pharmacy to protect this information.

*Signature:

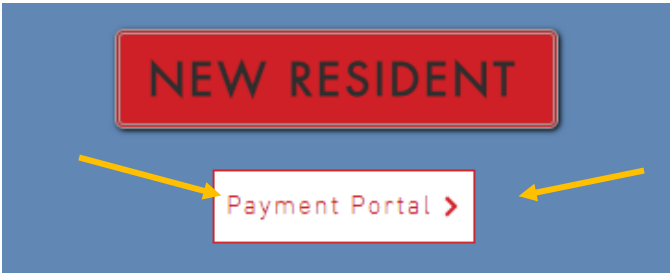
Date:

(By signing this electronic signature I give my consent of following information above)

METHODS OF PAYMENT

Card Payment

If paying by card please access the payment portal through our website at www.P4Pharmacy.com to make a one-time payment or call us about making a payment portal account!



Check Payment

Name on Bank Account: _____

Banking Institution: _____

Account #: _____ Routing #: _____

We work hard to take care of your needs, even your financial needs. Please call **ASAP** if you need accommodations or special billing arrangements. Our billing department can be reached at 385-415-5863.

NOTICE OF PRIVACY PRACTICES/HIPAA

Please visit <https://www.p4pharmacy.com/HIPAA> for our full Privacy Practices.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html.

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. Therefore, the Pharmacy pledges to protect your health information as required by law. We provide you with this notice of privacy to tell you how we will use and disclose your medical information. **PLEASE REVIEW IT CAREFULLY.**

*Signature:

Date:

By signing this document I acknowledge that I have received the P4 Pharmacy Notice of Privacy Practices.