

A large, semi-transparent graphic of a sunburst or lens flare is positioned at the top of the page, transitioning from yellow on the left to orange and then red on the right. Below this graphic, the background of the entire page is a blurred photograph of a warehouse interior. The shelves are filled with numerous boxes and packages, creating a sense of a busy, well-stocked facility.

Your Partner

# SPECIALTY PHARMACY

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Whether you are a patient, prescriber, payor, or manufacturer, we are here to help.

**(888) 260-9555**

**[www.sunrayspecialty.com](http://www.sunrayspecialty.com)**

# Dear Patient

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Welcome to Sunray Drugs Specialty! Thank you for choosing us as your specialty pharmacy. We serve patients in: AZ, CT, DE, FL, GA, IN, MO, NC, NJ, OH, OR, PA, SC, and WA.

This Welcome Packet contains information about our operations, services, patient safety, and other important information. Please read this packet and keep for future reference.

Here are a few things you should know about Sunray Drugs Specialty:

- ▶ Sunray Drugs Specialty is a specialty pharmacy offering you 24 hour, daily support.
- ▶ We treat you as an individual, and we work with your health care team to create a program specific to your condition.
- ▶ We will make sure your medications are delivered monthly
- ▶ For your understanding, we will provide education about your medication.
- ▶ We will handle shipping and delivering of your specialty medications.
- ▶ We are experts in care with years of experience, and we can help you get the treatment you need.

**Please sign and date the patient acknowledgement form (page 40) and return to Sunray Drugs Specialty using the pre-paid envelope within 3 days.**

If you require information in a different language, please contact Sunray Drugs Specialty at **(888) 260-9555**. Esta información también se ofrece en otros idiomas y formatos. Llame a Sunray Drugs Specialty al **(888) 260-9555**.

**If you have any questions, please call us at (888) 260-9555 or visit us online at: [www.sunrayspecialty.com](http://www.sunrayspecialty.com)**

# Welcome Packet **Contents**

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## About Sunray Drugs Specialty

Hours of Operation .....	6
Holidays .....	6
Contact Information .....	6

## Important Information

About the Notice of Privacy Practices .....	7
About the Patient Bill of Rights and Responsibilities .....	7
About the Service Agreement Terms and Conditions .....	7
About the Patient Medication Profile .....	7
About the Patient Concern and Complaint Form .....	8
About the Patient Satisfaction Survey .....	8
Notice of Privacy Practices .....	9
Patient Bill of Rights and Responsibilities .....	17

## Obtaining Medications and Services

Delivery of Your Specialty Medications .....	20
How to Fill a New Prescription .....	20
Ordering Refills .....	20
Medications Not Available at Sunray Drugs Specialty .....	21
Patient Assistance .....	21
Emergency and Disaster Information .....	21
Patient Care Management Programs .....	21
Health Information for Medical Conditions and Treatment .....	22

## Patient Information

Patient Issues and Concerns .....	23
Appeals .....	23
Returned Goods and Supplies Policy .....	23
Generic Medication Substitution .....	23
Medication Delays .....	23
Order Status .....	23
Drug Recalls .....	24

# Welcome Packet **Contents**

---

## Payment Policy

Insurance Navigation .....	25
Financial Assistance .....	25
Outstanding Balances .....	25
Payment Plan .....	25

## Patient Safety

Adverse Drug Reactions .....	26
Disposal of Home-Generated Biomedical Waste and Medications .....	26
Handwashing Instructions .....	27

## Emergency Preparedness

General Home Safety .....	28
Falling .....	28
Poisoning .....	28
Fire and Burn Prevention .....	28
Power Outage .....	28
Fire .....	29
Natural Disasters .....	29
Flood .....	29
<b>Emergency Numbers</b> .....	30

<b>Frequently Asked Questions</b> .....	31
---	----

## Forms

Patient Concern and Complaint Form .....	34
Patient Satisfaction Survey .....	35
Assignment of Benefits and Service Agreement .....	38
Patient Acknowledgement Form .....	40
Medication Profile Form .....	41

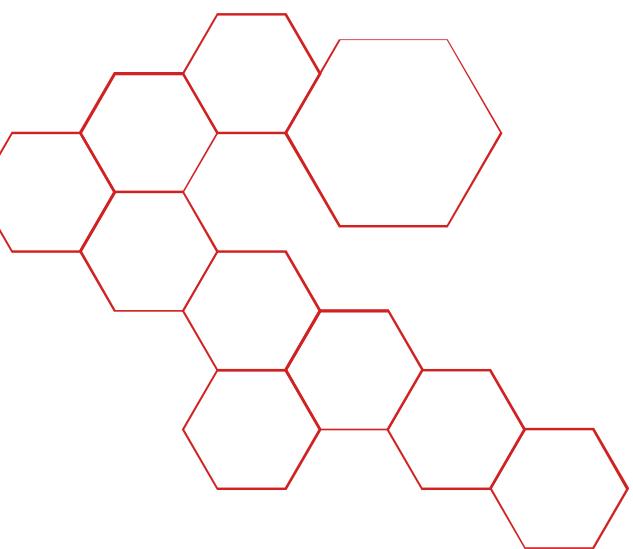
# About Sunray Drugs Specialty

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## Sunray Drugs Specialty at a Glance

Sunray Drugs Specialty is a specialty pharmacy with highly trained and trustworthy health care professionals. Our goal is to provide excellent customer service, education, and care to our patients.

We will work with your health care team to meet your needs and provide specialty medicines that are not easily found at a local pharmacy. We offer support and guidance for your treatment success.



# About Sunray Drugs Specialty

## Hours of Operation

**Our Patient Care Center is open**

Monday - Friday 9:00 AM to 5:00 PM (Eastern Time)

**A licensed pharmacist is available**

24 hours a day, 7 days a week for emergency pharmacy services

## Holidays

Sunray Drugs Specialty is closed on the following holidays:

- **New Year's Day**  
(January 1)
- **Memorial Day**  
(the last Monday in May)
- **Independence Day**  
(July 4)
- **Labor Day**  
(the first Monday in September)
- **Thanksgiving**  
(the fourth Thursday in November)
- **Christmas**  
(December 25)

## Contact Information



**(888) 260-9555**



142 S 52nd St. Ste. 201  
Philadelphia, PA 19139



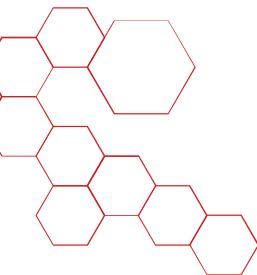
**(215) 471-4001**



[contactus@sunrayspecialty.com](mailto:contactus@sunrayspecialty.com)



[www.sunrayspecialty.com](http://www.sunrayspecialty.com)



# Important Information

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## About the Notice of Privacy Practices

Protecting the privacy and security of your health information is our top priority. The Notice of Privacy Practices (pages 9-16) describes our privacy practices in relation to your protected health information. The notice also describes how your information may be used and disclosed and how you can access this information.

## About the Patient Bill of Rights and Responsibilities

The Patient Bill of Rights and Responsibilities (pages 17-19) outlines the rights that you, the patient, have in relation to receiving medications and services from Sunray Drugs Specialty.

### Action Required

**Please read the Notice of Privacy Practices and Patient Bill of Rights and Responsibilities and complete the attached Patient Acknowledgement Form (page 40). Please return this form to Sunray Drugs Specialty in the enclosed postage-paid envelope.**

## About the Service Agreement Terms and Conditions

The Assignment of Benefits and Service Agreement (pages 38-39) describes the terms and conditions to which you must agree to receive treatment from Sunray Drugs Specialty. This form enables direct payment of claims to Sunray Drugs Specialty.

### Action Required

**Please complete the Assignment of Benefits and Service Agreement Form (page 40) and return it to Sunray Drugs Specialty in the enclosed postage-paid envelope.**

## About the Patient Medication Profile

The Medication Profile Form (pages 41-42) asks you to give us a list of medications you are currently taking. We want to make sure that the specialty medication you are prescribed will be safe with your other medications.

### Action Required

**Please complete the Medication Profile Form (pages 41-42) and return it to Sunray Drugs Specialty in the enclosed postage-paid envelope.**

# Important Information

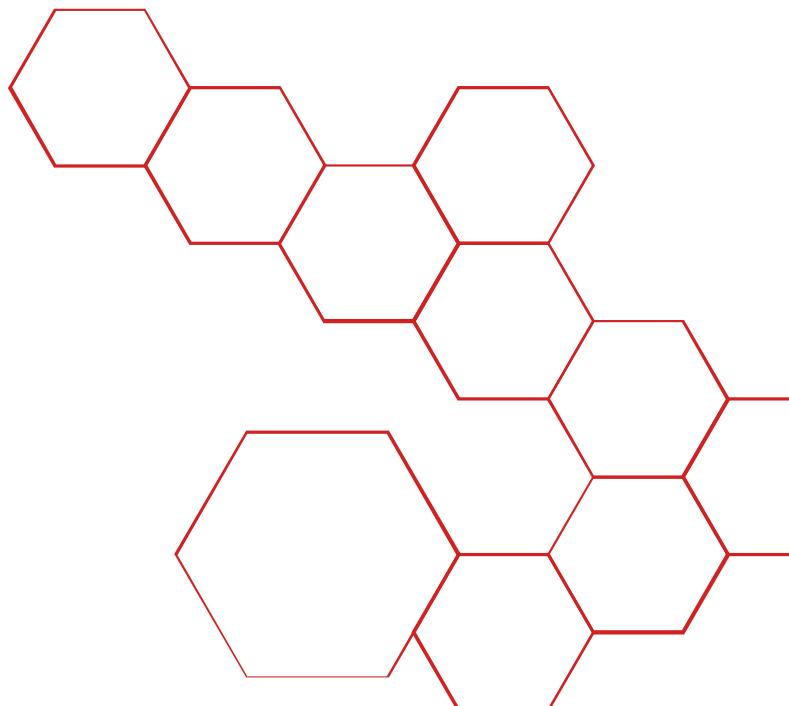
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## Patient Concern and Complaint Form

You can file a written complaint, concerns, or errors with Sunray Drugs Specialty. You can also call Sunray Drugs Specialty at (888) 260-9555 with any concerns. Sunray Drugs Specialty will respond to all complaints within 3 business days of receiving the complaint. The Patient Concern and Complaint Form" is on page 34

## Patient Satisfaction Survey

You can rate your experience with Sunray Drugs Specialty on pages 35-37, The Patient Satisfaction Survey



# Notice of Privacy Practices

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## Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practice discloses how we (including other healthcare prescribers affiliated with us) may use and release protected health information about you that we maintain. Please review it carefully.

### Your Rights

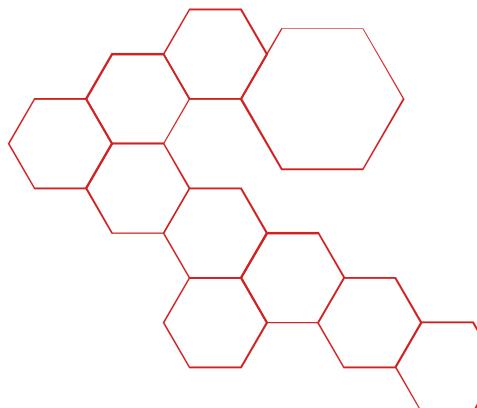
#### You have the right to:

- ▶ Get a copy of your health and claims records.
- ▶ Get a list of those with whom we've shared your information.
- ▶ Correct your health and claims records.
- ▶ Get a copy of this privacy notice.
- ▶ Request confidential communication.
- ▶ Choose someone to act for you.
- ▶ Ask us to limit the information we share.
- ▶ File a complaint if you believe your privacy rights have been violated.

### Your Choices

#### You have some choices in the way we use and share information as we:

- ▶ Answer coverage questions from your family and friends.
- ▶ Market our services and sell your information.
- ▶ Provide disaster relief.



# Notice of Privacy Practices

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## Our Uses and Disclosures

### We may use and share your information as we:

- ▶ Help manage the medications and treatment you receive.
- ▶ Run our organization.
- ▶ Determine who is responsible for payment and the payment amount.
- ▶ Administer your medications and care plan.
- ▶ Help with public health and safety issues.
- ▶ Do research.
- ▶ Comply with the law.
- ▶ Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- ▶ Address workers' compensation, law enforcement and other government requests.
- ▶ Respond to lawsuits and legal actions.

## Your Rights

When it comes to your health information, you have certain rights. This section gives more details about your rights and some of our responsibilities to help you.

### Get a copy of your health and claims records

- ▶ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ▶ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- ▶ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ▶ We may say "no" to your request, but we'll tell you why in writing within 60 days of your request.

# Notice of Privacy Practices

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## Request confidential communications

- You can ask us to contact you by specific way. For example email, office phone, or address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

## Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

## Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date of your request, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

## Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

# Notice of Privacy Practices

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## File a complaint if you feel your rights are violated:

You can file a complaint if you feel we have violated your rights by contacting us at:

-  (888) 260-9555
-  (888) 477-9555
-  contactus@sunrayspecialty.com

## You can file a complaint with:

### U.S. Department of Health and Human Services Office for Civil Rights.

-  200 Independence Avenue, S.W.  
Washington, D.C. 20201
-  (877) 696-6775
-  [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

### Pennsylvania State Board of Pharmacy

-  P.O. Box 2649  
Harrisburg, PA 17105-2649
-  (717) 783-7156
-  <http://www.dos.pa.gov/Pages/File-a-Complaint.aspx>

### URAC

-  1220 L Street, NW Suite 400  
Washington, DC 20005
-  (202) 216-9010
-  [https://www.urac.org/complaint\\_step3b/](https://www.urac.org/complaint_step3b/)

### ACHC

-  139 Weston Oaks Ct.  
Cary, NC 27513
-  (855) 937-2242
-  <https://www.achc.org/complaint-policy-process.html>

## We will not retaliate against you for filing a complaint

# Notice of Privacy Practices

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## Your Choices

You can tell us your choices about what health information we share. If you have a clear preference for how we share your information in the situations described below, talk to us. We will follow your instructions.

### **You have both the right and choice in cases below to tell us to:**

- ▶ Share information with your family, close friends, or others involved in payment for your care.
- ▶ Share information in a disaster relief situation.
- ▶ If you are not able to tell us your preference, such as if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to reduce a serious and immediate threat to health or safety.

### **In these cases, we never share your information unless you give us written permission:**

- ▶ Marketing purposes
- ▶ Sale of your information

## Uses and Disclosures

How do we usually use or share your health information? We usually use or share your health information in the following ways.

### **Help manage your health care treatment:**

- ▶ We can use your health information and share it with professionals who are treating you.

**Example:** A doctor sends us information about your prescriptions and diagnosis so we can help with referrals for more health care services.

# Notice of Privacy Practices

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## Run our organization:

- We can use and disclose your information to run our organization and contact you when necessary. For example, if we need to contact you about one of your prescriptions.
- We are not allowed to use genetic information to decide whether we will provide medications or care management services.

**Example:** We use health information about you to develop better services for you.

## Pay for your health services:

- We can use and disclose your health information to determine payment for medications and services.

**Example:** We share information about you to bill your health plan and coordinate payment for your health services.

## Administer your medications or care plan:

- We may disclose your medication and health information to administer services.

**Example:** We share health information with others with whom we contract for administrative services.

How else can we use or share your health information? We are allowed or required to share your information in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues:

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

# Notice of Privacy Practices

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## Do research:

- We can use or share your information for health research.

## Comply with the law:

- We will share your information if state or federal laws require it, including sharing with the Department of Health and Human Services, if the department wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director:

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can share health information to address workers' compensation, law enforcement and other government requests.

## We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions, such as military, national security, and presidential protective services.

## Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Additional restrictions on use and disclosure:

- Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, mental health, substance abuse, genetic testing, sexually transmitted diseases, and reproductive health.

# Notice of Privacy Practices

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## Our Responsibilities

- ▶ We are required by law to maintain the privacy and security of your protected health information.
- ▶ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ▶ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ▶ We will not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

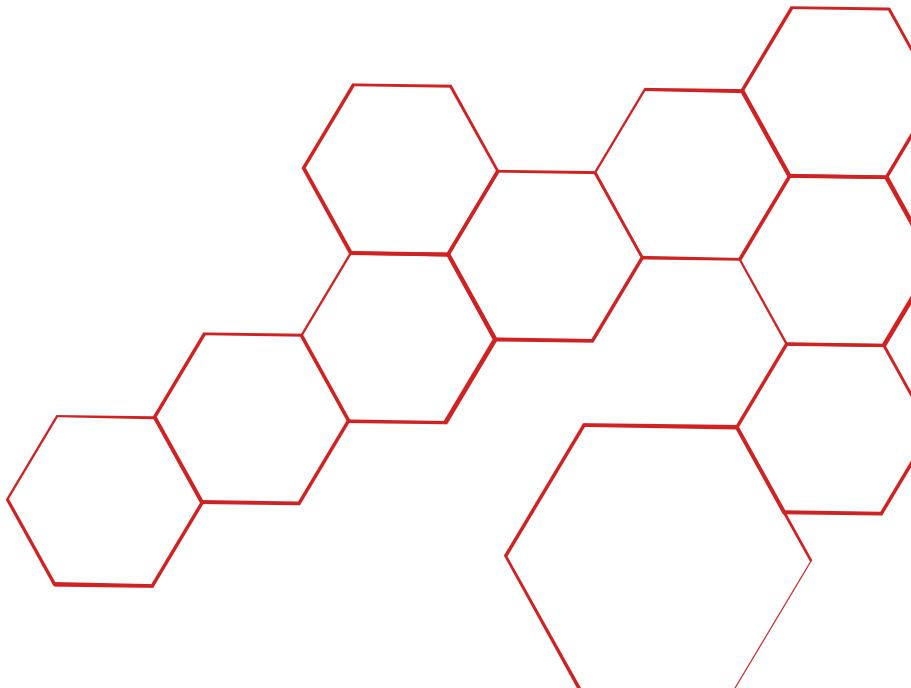
For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the terms of this notice

- ▶ We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Effective date of this notice: December 1, 2016



# Patient Bill of Rights and Responsibilities

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## Your Rights and Responsibilities

We at Sunray Drugs Specialty provide our patients with the highest possible quality care. In order to receive the most benefit from your prescription coverage, we would like to inform you of your rights and responsibilities:

### Your Rights:

- ▶ You have the right to know about the philosophy and characteristics of the patient management program.
- ▶ You have the right to have personal health information shared with the patient management program only in accordance with state and federal law.
- ▶ You have the right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- ▶ You have the right to speak to a health professional.
- ▶ You have the right to receive information about the patient management program.
- ▶ You have the right to receive administrative information regarding changes in, or termination of, the patient management program.
- ▶ You have the right to decline participation, revoke consent, or disenroll from the patient management program at any point in time.
- ▶ You have the right to know that because you have a pharmacy benefit from your insurer, you have the right to access prescription services, regardless of sex, age, sexual orientation or preference, ethnicity, national origin, religion, veteran status, lifestyle, genetic information, or disability.
- ▶ You have the right to participate in decisions regarding your care.
- ▶ You have the right to participate in the development and periodic revision of plan of care.
- ▶ You have the right to receive information in a manner in which you can understand and be able to give informed consent to the start of any procedure or treatment.
- ▶ You have the right to be informed of any responsibilities you may have in the care process.
- ▶ You have the right to know our telephone number for easy access to our staff.
- ▶ You have the right to know the name of the employee with whom you are talking and their job title.
- ▶ You have the right to let us know of any issue or concern you may have regarding our services by calling our telephone number. We will respond to your concern within five business days or sooner depending on the problem.

# Patient Bill of Rights and Responsibilities

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- You have the right to expect that Sunray Drugs Specialty will process your prescriptions without undue delay and contact you in the event of any drug recall. Sunray Drugs Specialty personnel will call you on these issues and explain our plan to remedy the situation.
- You have the right to receive education or clinical advice from our pharmacist regarding a prescription. We offer you that option at the time your prescription is being delivered or you may call us at (888) 260-9555.
- You have the right to 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 patient will be responsible.
- You have the right to receive information about the scope of services that the organization will provide and specific limitations on those services.
- You have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- You have the right to be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
- You have the right to have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- You have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- You have the right to 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.
- You have the right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- You have the right to understand how to report complaints/grievances and how these are investigated and resolved.
- You have the right to confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
- You have the right to be advised on Sunray Drugs Specialty's policies and procedures regarding the disclosure of clinical records.
- You have the right to receive appropriate care without discrimination in accordance with prescriber orders, if applicable.

# Patient Bill of Rights and Responsibilities

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- ▶ You have the right to be informed of any financial benefits when referred to an organization.
- ▶ You have the right to be fully informed of one's responsibilities.

## Your Responsibilities:

- ▶ You have the responsibility to submit any forms that are necessary to participate in the program, if required by law.
- ▶ You have the responsibility to give accurate clinical and contact information and to notify the patient management program when there is a change in this information.
- ▶ You have the responsibility to notify your treating prescriber of your participation in the patient management program, if applicable.
- ▶ You have the responsibility to assure a continuous supply of medications and related supplies necessary for administration to avoid interruption in treatment.
- ▶ You have the responsibility to maintain all medications and related equipment and materials needed for their administration in a safe manner.
- ▶ You have the responsibility to fulfill the financial obligations of your health insurance benefit plan so that any co-pays required for your medication are paid on time to avoid delays in scheduled doses of your medication. If you develop any financial difficulties, please let us know so we may refer you to programs that offer assistance.
- ▶ You have the responsibility to become knowledgeable about your medications by reading the information we send you each time we deliver the drug or by calling us at (888) 260-9555. Knowledge about your medications includes knowing the risks for taking the drug and reporting to us any side effects you might be experiencing.
- ▶ You have the responsibility to notify Sunray Drugs Specialty of any concerns about the care or services provided.

# Obtaining Medications and Services

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## Delivery of Your Specialty Medications:

We handle delivery of your specialty medications to your home, your prescriber's office, or an approved other location.

If your medications require special care or refrigeration, they will be packaged and shipped accordingly. If you cannot be there to accept the package, we can arrange for it to be left at your home or an approved other location.

Sunray Drugs Specialty will make every effort to deliver your supplies early if a weather warning is announced. A Sunray Drugs Specialty representative will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure we have your secondary contact information on file to ensure there is no loss in therapy.

## How to Fill a New Prescription

Sunray Drugs Specialty will work with your prescriber when you need a new prescription drug. In many cases, your prescriber will fax Sunray Drugs Specialty a new copy of your prescription. However, you may also call Sunray Drugs Specialty and request that we contact your prescriber to get a new specialty prescription. Once the prescription is received, our staff will begin the process of enrolling you in our personalized specialty pharmacy service. Enrollment is optional, and you may call us at any time to be removed.

## Ordering Refills

A patient care coordinator will call you before your medication runs out to check your progress and determine the shipment of your next refill. Alternatively, you may also call us at (888) 260-9555 during our normal office hours to request a refill 72 hours before you run out of medication or if you have any questions or need help. Should your insurance plan no longer cover your treatment, Sunray Drugs Specialty will work with your prescriber and insurance to obtain your medication or switch to an appropriate alternative to make sure you have continued care.

# Obtaining Medications and Services

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## Medications Not Available at Sunray Drugs Specialty

If you cannot get medication from Sunray Drugs Specialty, we will work with you and another pharmacy to receive your drug.

If you want your prescription transferred to another pharmacy, please contact us at (888) 260-9555, and we will transfer your prescription for you.

## Patient Assistance

Sunray Drugs Specialty's staff are specially trained on the medication you are taking. They are here to answer your questions about your care plan. Please call a Sunray Drugs Specialty pharmacist if you have any questions regarding your treatment.

## Emergency and/or Disaster Information

In the case of an emergency, call 911. You may reach us by calling (888) 260-9555. A licensed pharmacist is available 24 hours a day, 7 days a week for any urgent needs for your medication. After normal business hours, please leave your contact information with our answering service, and the on-call pharmacist will quickly return your call.

If there is a disaster in your area, please call (888) 260-9555 to tell us where to deliver your medication. This will ensure that your therapy is not interrupted. Be sure to also let us know when you have returned to your residence.

## Patient Care Management Programs

Sunray Drugs Specialty offers several comprehensive patient care management programs for specific medical conditions. Proactive and clinically based, these programs provide therapy-specific care to improve your health. You can reach a clinical pharmacist 24 hours a day, 7 days a week by calling (888) 260-9555.

The service includes continuous clinical evaluation, ongoing health monitoring, assessment of educational needs, and management of medication use. This service is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt-out of these extra services you can do so at any time by calling (888) 260-9555.

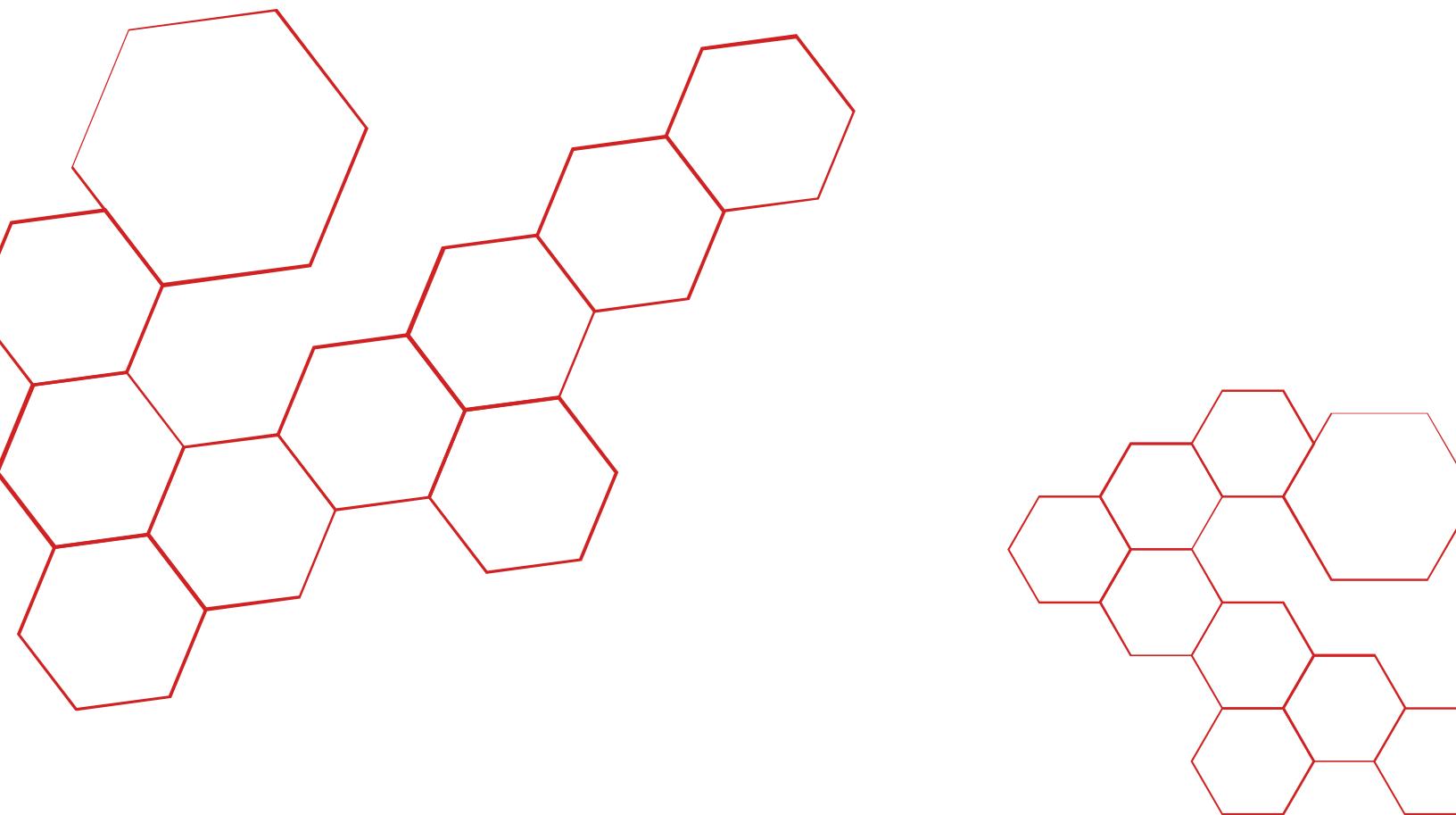
# Obtaining Medications and Services

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Unfortunately, Sunray Drugs Specialty Pharmacy's Patient Management Program cannot take the medications for the patient, so that means the program has limitations. It is possible that your actions can lower the potential benefits of the patient management program by not following directions correctly or not taking the medication on regular basis.

## Health Information for Medical Conditions and Treatment

Sunray Drugs Specialty will give manufacturer information for your prescription about your medication, treatment options, diagnosis, and common treatment options. This information includes tips on taking medications regularly, recommended over the counter medications, nutrition and lifestyle recommendations, medication administration instructions, storage, and common or severe side effects or potential adverse drug reactions and how to manage them. We will also direct you to supportive informational websites and community referrals.



# Patient Information

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## Patient Issues and Concerns

If you have any concerns about your medications including errors, services received, delivery, suspected counterfeit medications, adverse drug events. etc., please call us at (888) 260-9555. We would be glad to help you.

## Appeals

If your health plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may have the right to file an appeal with your health plan. Contact your health plan for more information.

## Returned Goods and Supplies Policy

Your State Board of Pharmacy Regulations does not allow the resale or reuse of a prescription item that was previously dispensed. No credit can be issued for any unused or extra products.

Once supplies have been delivered to your home, Sunray Drugs Specialty cannot reuse them. Keep the supplies you may be able to use in the home and dispose of the rest.

Sunray Drugs Specialty will arrange a return and reship of medication if your medication or supplies are defective. If you have questions about disposal, please call (888) 260-9555. We will be happy to assist you.

## Generic Medication Substitution

Whenever possible, Sunray Drugs Specialty will substitute a lower-cost generic medication for a brand-name medication unless you or your prescriber has asked for a specific brand-name drug. This may happen for new prescriptions, refills, therapeutic changes, and prescription transfers.

## Medication Delays

A Sunray Drugs Specialty staff member will call you to help if your medication is delayed

## Order Status

Please contact Sunray Drugs Specialty at (888) 260-9555 should you have questions on your order status.

# Patient Information

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## Drug Recalls

Sunray Drugs Specialty follows the drug recall guidelines created by the following:

FDA  
Drug manufacturers  
Drug distributors  
State and federal regulatory agencies

Sunray Drugs Specialty will contact you and your prescriber in the event of an FDA Class I recall. Sunray Drugs Specialty will contact your prescriber or your health plan for lesser recalls

## Prescription Drug Monitoring Program

The Oregon Prescription Drug Monitoring Program (PDMP) is a program to help healthcare providers and pharmacists provide better patient care in managing patients' prescriptions. They can access the program database to view more complete patient prescription information. Information about this prescription will be reported to the PDMP by the pharmacy as required by state law (ORS431.964). Patients may request a free copy of their PDMP record by submitting a written request to the program. For more information or questions, visit [www.orpdmp.com](http://www.orpdmp.com) or call 971-673-0741.



# Payment Policy

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## Insurance Navigation

Our team will contact your insurance company to request coverage of the medication. This process is often called a “prior authorization.”

## Financial Assistance

The co-pay, deductible, and co-insurance amount for a specialty pharmacy medication may still be high even if your insurance company pays for most of the cost. We will look for financial help programs available to possibly lower your cost of medication. If Sunray Drugs Specialty is a pharmacy out of your insurance network, the cost charged by Sunray Drugs Specialty for the medication will be provided to you in writing. Additionally, the cash price of a medication will be provided to you upon request.

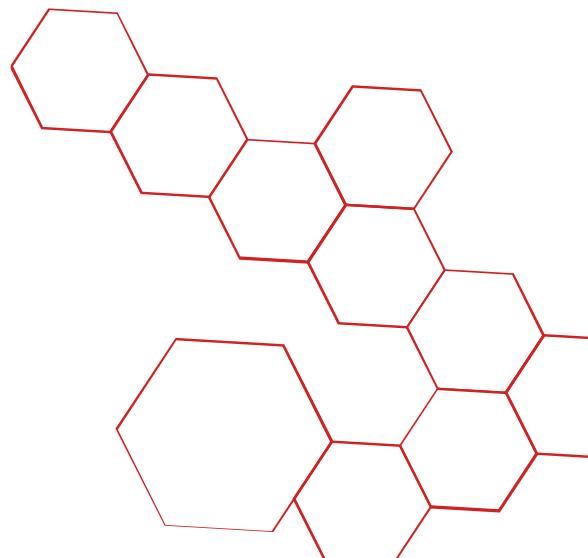
## Outstanding Balances

If for any reason you owe a balance, the balance will need to be paid prior to your next refill. We accept Visa, MasterCard, American Express, and Discover credit cards.

## Payment Plan

If you need help in arranging a payment plan for the money you owe, please call us at (888) 260-9555.

If you get a check from the insurance company, you should send it to Sunray Drugs Specialty with a copy of the Explanation of Benefits (also known as the EOB) statement you received.



# Patient Safety

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## Adverse Drug Reactions

Patients experiencing adverse drug reactions, acute medical symptoms, or other problems should contact Sunray Drugs Specialty or their prescriber. You should call 911 or have someone drive you to the local emergency room if the reaction appears life threatening.

## Disposal of Home-Generated Biomedical Waste and Medications

Home-generated biomedical waste is any type of syringe, lancet, or needle (“sharps”) used in the home to either inject medication or draw blood. Special care must be used with the disposal of these items to protect you and others from injury, and to keep the environment clean and safe.

If your therapy involves the use of needles, a sharps container will be provided. Please follow these simple rules to ensure your safety during your therapy:

### Sharps

Place all used needles, syringes, lancets, and other sharp objects into a sharps container.

If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Reinforce the top with heavy-duty tape before throwing away. Do not use clear plastic or glass containers. Containers should be no more than 3/4 full.

### Disposal

Check with your local waste collection service to verify the disposal procedures for sharps containers in your area. You can ask your prescriber’s office about the possibility of disposing of items in the prescriber’s office during your next office visit. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at <http://www.cdc.gov/needledisposal/> for more information.

For instructions on how to properly dispose of unused medications, please contact the pharmacy or go to the below FDA websites for information and instructions:

# Patient Safety

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- [www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm)
- [www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm](http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm)

## Needle-Stick Safety

- Never replace the cap on needles.
- Throw away used needles immediately after use in a sharps disposal container.
- Plan for the safe handling and disposal of needles before using them.
- Report all needle stick or sharps-related injuries promptly to your prescriber.

If your therapy does not involve the use of needles or sharp items, you do not need a sharps container. You should place all used supplies (e.g., syringes or tubing) in a bag you can't see through. Put this bag inside a second bag, and put this in your garbage with your other trash.

## Hand-Washing Instructions

Infections are serious issues. The best way to make sure you do not get an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

1. Collect the supplies:
  - Soap
  - Paper towels or a clean cloth towel
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands briskly together for at least 30 seconds. Don't forget about the areas in between your fingers!
5. Rinse your hands with warm water.
6. Dry your hands with a paper towel or a clean cloth towel.
7. Turn off your faucet with the towel.
8. If you touch anything (your hair, for example), sneeze into your hands, or feel that your hands may no longer be clean, wash your hands again before continuing with your care.

**If no water supply is available, use an alcohol-based antibacterial hand cleaner.**

# Emergency Preparedness

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## General Home Safety

Each year nearly 21 million family members suffer injuries in the home. We want you and your family to live in a safe environment. We have provided some suggestions that could help you prevent an injury within your home. Check every room in your house and make your home safer.

### **Falling** *This is the way that people are most often injured in their homes!*

- ▶ Keep the floor clean. Promptly clean up spills.
- ▶ If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs to reduce your chance of falling.
- ▶ Use a non-slip mat or install adhesive strips in your tub or shower.
- ▶ Tuck away telephone, computer, and electrical cords out of walkways.
- ▶ All stairs and steps need handrails. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
- ▶ Have all walkways well lit and use night lights as needed.
- ▶ Have a flashlight that works.

## Poisoning

- ▶ Keep all hazardous materials and liquids out of the reach of children.
- ▶ Keep medications out of the reach of children.
- ▶ Know your local poison control number or dial (800) 222-1222.

## Fire and Burn Prevention

- ▶ Have smoke detectors in the home, and replace batteries at least once per year.
- ▶ Test each smoke detector once a month.
- ▶ Have a fire plan and be sure all family members know what to do if there's a fire.
- ▶ Place covers over electrical outlets.
- ▶ Check to make sure your water heater is set no higher than 120° F.
- ▶ Keep children away from the stove and never leave the stove unattended while cooking.
- ▶ Keep matches and lighters out of the reach of children.

## Power Outage

- ▶ Notify your gas and electric companies if there is a loss of power. Report any special needs for a backup generator to the electric and gas companies.
- ▶ Have a transistor radio, flashlights, batteries, and/or candles available. (If on oxygen, turn it off before lighting candles.)

# Emergency Preparedness

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## Fire

- ▶ Rescue anyone from immediate danger:
  - ▶ If bedridden, tie a knot in the head and foot of the sheet.
  - ▶ Using the sheet, pull the person to safety. If two people are available, make a chair from the rescuers' arms and carry the patient to safety.
- ▶ If safe, alert the fire department. Otherwise, evacuate the area.
- ▶ Turn off oxygen (if applicable), and try to contain the fire by closing off any access, such as doors.
- ▶ Attempt to extinguish the fire only if it is in a small localized area. Otherwise, evacuate the building and notify the fire department when you are safe.

## Natural Disasters (Earthquake, Hurricane and Tornado)

- ▶ In disaster-prone areas, store food and extra bottled water. Have a transistor radio, flashlights, and extra batteries. Report any special needs for a backup generator to electric and gas companies.
- ▶ Check for injuries.
- ▶ Check your home for any gas or water leaks and turn off appropriate valves.
- ▶ Stay away from windows or broken glass. Wear shoes at all times.
- ▶ Evacuate area if necessary.
- ▶ If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have.

## Flood

- ▶ In flood-prone areas, store extra food and extra bottled water. Have a transistor radio, flashlights, and batteries available. Get a pipe wrench to shut off valves for gas and water. Report any special needs for a backup generator to the electric and gas companies.
- ▶ Evacuate the area.
- ▶ Contact the local law enforcement, civil defense, and/or emergency preparedness.

In the event that Sunray Drugs Specialty will be unable to get your medication to you in time for your next dose (emergency, disaster, delay, etc.), we will transfer your prescription to a pharmacy who will be able to accept your insurance and get the medication to you by the time needed.

## Emergency Numbers

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**Sunray Drugs Specialty: (888) 260-9555**

**Primary care provider name:**\_\_\_\_\_

**Primary care prescriber phone:**\_\_\_\_\_

**Police:**\_\_\_\_\_

**Fire:**\_\_\_\_\_

**Gas company:**\_\_\_\_\_

**Nearest emergency room:**\_\_\_\_\_

**Phone company:**\_\_\_\_\_

**Ambulance:**\_\_\_\_\_

**Water department:**\_\_\_\_\_

**Poison control: (800) 222-1222**

**Electric company:**\_\_\_\_\_

If you are unable to contact Sunray Drugs Specialty in an emergency, contact the emergency room at the number listed above.

# Frequently Asked Questions

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## What is a specialty pharmacy?

A specialty pharmacy provides injectable, oral, and infused medications. These complex and costly medications usually require special storage and handling and may not be easily found at your local pharmacy. These medications may have side effects that require monitoring by a trained pharmacist or nurse. Sunray Drugs Specialty focuses on providing these medications while offering excellent customer service and clinical support to you and your caregivers.

## Why do I need a specialty pharmacy?

These special medications usually require special storage and handling and may not be easily found at your local pharmacy. Sometimes these medications also have side effects that require monitoring by a trained pharmacist. Sunray Drugs Specialty focuses on providing these medications while offering excellent customer service and clinical support to you and your caregivers.

## How can I contact Sunray Drugs Specialty?

You may call us toll-free at (888) 260-9555 or email one of our clinical pharmacists at [contact@sunrayspecialty.com](mailto:contact@sunrayspecialty.com)

## How do I order a refill?

A Sunray Drugs Specialty staff member will call you to schedule your delivery at least a week before your next refill. During this call, he or she will confirm that you are still taking the medication, that your prescriber has not changed the dose, and that you are not having any unmanageable side effects. Alternatively, you may also call us at (888) 260-9555 during our normal business hours to request a refill 72 hours before you run out of medication.

## How long does it take to receive my medication?

Medications are usually shipped with expedited delivery within 24 to 48 hours after we receive your complete prescription. Sunray Drugs Specialty will provide any additional supplies you need for administering your medication, such as needles, syringes, and alcohol swabs.

## What if I have questions about my medications?

At Sunray Drugs Specialty, we have a team to answer your questions by calling (888) 260-9555. A licensed pharmacist is available 24 hours a day, 7 days week. He or she can help you if you have an urgent need about your medication. After normal business hours, please leave your contact information with our after-hours answering service, and the pharmacist on-call will promptly return your call.

# Frequently Asked Questions

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## How much will my medications cost?

Your co-pay amount will vary based on your insurance plan. We will tell you this amount after we have processed your prescription.

## What if I can't afford my medication?

Some patients are eligible for financial assistance through drug companies or charities. We will perform a full review of options available, tell you about available options, and enroll you in the program if you meet eligibility requirements.

## What if my insurance company doesn't cover my medication?

Our staff works directly with your prescriber and insurance company to obtain coverage for your therapy. If it is denied, your prescriber will discuss other options with you.

## Can I still get access to my specialty medication if I lack prescription coverage?

Some drug companies offer a Free Drug Program. If that's available, we will help you enroll in the program.

## Will you ever change my medication to another medication?

From time to time, it is necessary to change generic drugs for brand-name drugs. This could happen due to your insurance company preferring the generic be dispensed or to reduce your co-pay. If a change needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the change.

## Will Sunray Drugs Specialty ever call me?

We will call you to:

- ▶ Confirm the status of your prescription and co-pay amount.
- ▶ Set up the initial delivery of your medicine and refills.
- ▶ Verify prescription insurance information.
- ▶ Obtain documentation of your income to enroll you in a financial assistance program.
- ▶ Counsel you on the medication.
- ▶ Tell you that the prescription has to be transferred to another specialty pharmacy.
- ▶ Notify you of any FDA recalls of your medication.

# Frequently Asked Questions

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## When should I contact your pharmacy?

**You should call Sunray Drugs Specialty if:**

- ▶ Your address, telephone number, or insurance information has changed.
- ▶ You have any questions regarding the status of your prescription.
- ▶ You have concerns regarding how to take your medication.
- ▶ You would like additional information regarding your plan for therapy.
- ▶ If you suspect an error in shipping or dispensing has occurred.
- ▶ If you suspect your medication has been recalled by the FDA.
- ▶ You have any other questions or concerns.

**Our staff is happy to assist you with your specialty pharmacy needs, including:**

- ▶ Working with another specialty pharmacy to get your medications delivered.
- ▶ Helping you get access to medications during an emergency or a disaster.
- ▶ Providing you with tools to manage your therapy, including educational materials, pill boxes, and consumer advocacy support.

## What if I need accommodations?

**Language/Linguistic Differences**

- ▶ You may request to have a family member, caregiver, or friend who speaks English to translate for you.
- ▶ We also offer a free translation service.

**Cultural Differences**

- ▶ We always attempt to stay abreast of your cultural needs, but please let us know if there are any pertinent needs (diet, fasting, etc.)

**Cognitive or Physical Impairments**

- ▶ Pharmacy staff can read to the patient if they are unable to read.
- ▶ We can communicate through caregivers or another authorized individual.
- ▶ We can provide additional printed material.
- ▶ We can provide in-person consultation upon request in one of our retail locations.
- ▶ TTY/TDD (or text messaging) service will be used to communicate with hearing impaired consumers.
- ▶ Direct delivery to patient, caregiver, or patient's prescriber is always offered.
- ▶ A prescription reader is available upon request at no additional cost.

# Patient Concern and Complaint Form

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We want to provide your therapy to your complete satisfaction. If you are not happy with the care or services we have provided, we want to know about it. If you have any concerns or problems with your medications or services, you have the right to call our pharmacy at (888) 260-9555. We will respond to all complaints within 3 business days of receiving the complaint.

If you wish to file a written complaint you may do so using this form. Please use the enclosed self-addressed, pre-paid envelope. We take all concerns very seriously and view them as opportunities to improve our services.

**Patient name:** \_\_\_\_\_

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

**Regarding:** \_\_\_\_\_  
\_\_\_\_\_

**Employee involved (if applicable):** \_\_\_\_\_

**Nature of problem:** \_\_\_\_\_  
\_\_\_\_\_

# Patient Satisfaction Survey

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Thank you for giving us the opportunity to serve you better! Please help us by taking a few minutes to tell us about the services that you have received so far. We appreciate your business and want to make sure we meet your expectations.

**Please indicate your agreement with the following statements by placing an “X” in the corresponding box**

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
The Sunray Drugs Specialty staff was professional in their interactions with you.					
You were satisfied with the way your questions were answered.					
The representative that you spoke to was knowledgeable.					
The staff acts in your best interest.					
Sunray Drugs Specialty was able to meet your needs.					

# Patient Satisfaction Survey

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
You were satisfied with the information on medical use, possible side effects, and other related information provided to you.					
The amount of information you received during the medication education session was the right amount for a phone call.					
It is easy to contact Sunray Drugs Specialty whenever you have a question or concern.					
You received your medication in time so that there was no stoppage in your course of treatment.					
Your medications are delivered within the time frame you were given.					
The Sunray Drugs Specialty delivery staff was friendly upon delivery of your medication.					

# Patient Satisfaction Survey

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Comments or Concerns:

**What did we do really well? What could we do better?**

**Do you have any suggestions for improving our service?**

# Assignment of Benefits and Service Agreement

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In exchange for Sunray Drugs Specialty's agreement to (i) provide me with my medications; and (ii) bill my insurance carrier or third party payor that is obligated to pay for my medications, I agree to the following terms and conditions:

## Assignment of Benefits

I hereby assign to Sunray Drugs Specialty all insurance benefits and payments to which I am entitled from all third-party payors that are obligated to pay for my medications, including Medicare and/or Medicaid, if applicable, for any services, medications, equipment, or supplies which are furnished to me by Sunray Drugs Specialty. I also authorize Sunray Drugs Specialty to seek such insurance benefits and payments from all third-party payors that are obligated to pay for my medications directly and that this assignment of benefits shall be ongoing and continuous, unless and until canceled by me in writing. Cancellation of this assignment of benefits shall become effective when the cancellation is delivered to Sunray Drugs Specialty, my insurer(s) and each third-party payor that is obligated to pay for my medications. I request that payment of authorized benefits be made directly to Sunray Drugs Specialty on my behalf, for any medications furnished to me by Sunray Drugs Specialty.

## Financial Responsibility

I understand and agree that I am responsible for the payment of any and all sums that may become due for the medications provided to me by Sunray Drugs Specialty. If, for any reason and to whatever extent, Sunray Drugs Specialty does not receive payment from my insurer or the third-party payor that is obligated to pay for my medications, I do hereby agree to pay Sunray Drugs Specialty directly for the unpaid balance within thirty (30) days of receipt of an invoice from Sunray Drugs Specialty, except in cases where such payment to Sunray Drugs Specialty is prohibited by applicable law. If my insurer and/or third-party payor that is obligated to pay for my medications issues payment directly to me, I agree to promptly endorse such payment to Sunray Drugs Specialty and forward it directly to Sunray Drugs Specialty.

## Unpaid Invoices

I agree that any amounts I owe to Sunray Drugs Specialty for more than thirty (30) calendar days may bear interest from the due date of such invoice, at the lesser of, one and one-half percent (1.5%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs and expenses of Sunray Drugs Specialty collection efforts, including reasonable attorney's fees and court costs that are incurred by Sunray Drugs Specialty to collect overdue amounts.

## Medical Treatment Authorization

I authorize Sunray Drugs Specialty, under the direction of my health care provider, to provide my medications to me. I have been instructed by my health care provider about my prescribed medications and understand the reasons why they are considered necessary, including risks, advantages, possible complications and alternatives. As in any medication therapy, I understand that there are known and unknown risks. I certify that no guarantee or promise, expressed or implied, has been made to me in conjunction with the medications that have been prescribed for me.

## Release of Information

I understand that Sunray Drugs Specialty will use my protected health information ("PHI") in accordance with the Sunray Drugs Specialty Notice of Privacy Practices that I have received from Sunray Drugs Specialty. If I have not received a Sunray Drugs Specialty Notice of Privacy Practices, I agree to call 1-888-260-9555 to request another copy from Sunray Drugs Specialty.

# Assignment of Benefits and Service Agreement

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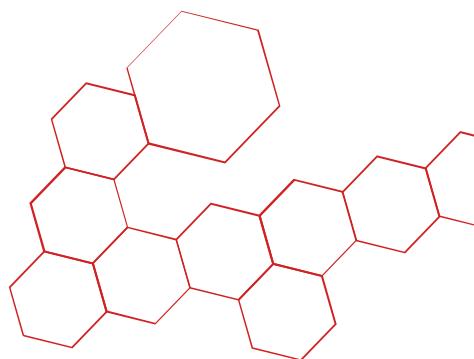
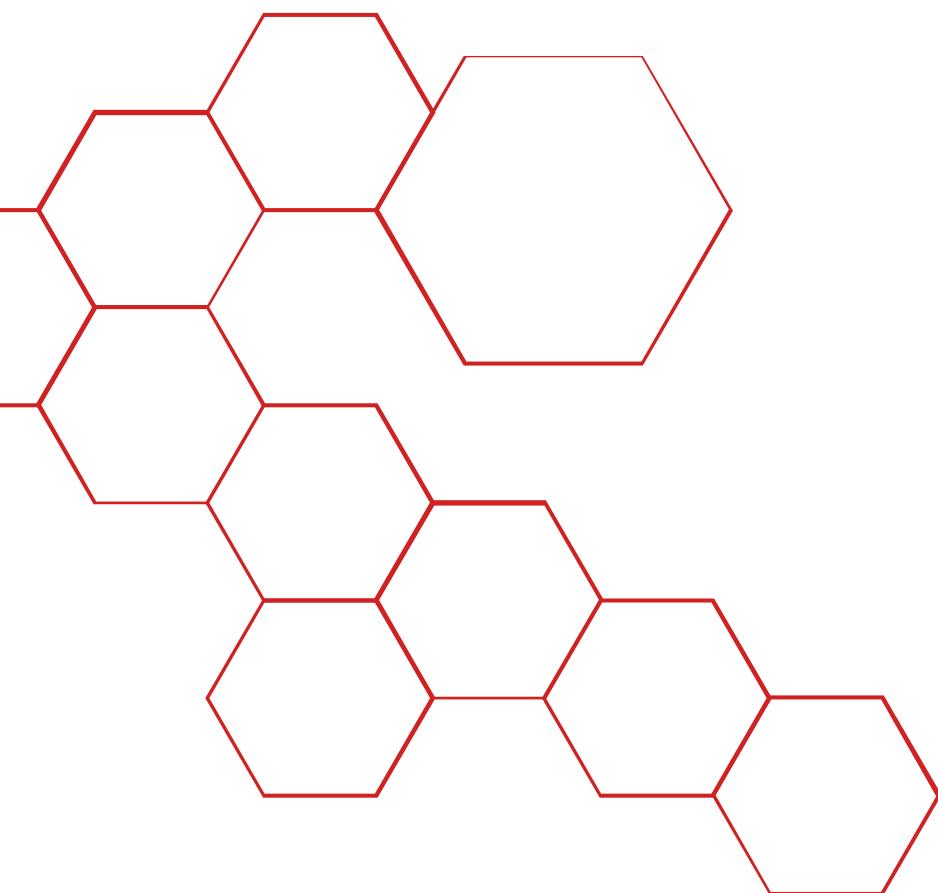
## Entire Agreement

This agreement contains the entire agreement of the parties. No other representation, promise, or agreement, oral or otherwise, expressed or implied, not embodied herein, shall be of any force or effect. All amendments must be in writing and signed by both parties to have any effect. This agreement shall be binding upon and insure to the benefit of the parties hereto and their respective successors, heirs, and assigns.

Please call Sunray Drugs Specialty if you do not understand this Agreement.

## Responsible Party

Patient, Primary Insured, Parent Legal Guardian, Financial Power of Attorney, or any other entity dually authorized



# Patient Acknowledgement Form

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I have read, understand, and agree to the terms of the Assignment of Benefits and Service Agreement. A photocopy of this agreement may be used as though it were an original. This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Additionally, my signature below acknowledges that I have received and reviewed the contents of the Welcome Brochure including Hours of Operation, Bill of Rights, and Privacy Notice.

---

Patient Last Name

---

Patient First Name

---

Patient Date of Birth

---

Patient Street Address (or P.O. Box, please include apartment number, if applicable)

---

Patient Address (City, State, and Zip Code)

---

Patient Signature

---

Today's Date

**RETURN COMPLETED FORM TO SUNRAY DRUGS SPECIALTY WITHIN 72 HOURS OF RECEIPT USING THE PREPAID ENVELOPE ENCLOSED.**

# Medication Profile Form

---

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

Patient DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of Medication <i>(brand or generic name)</i>	Dosage <i>(example: 10 mg)</i>	How is this medication prescribed to be taken? <i>(example: 1 tablet by mouth twice daily)</i>	Purpose <i>Why do you take this medication?</i>

# Medication Profile Form

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

Patient DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of Medication <i>(brand or generic name)</i>	Dosage <i>(example: 10 mg)</i>	How is this medication prescribed to be taken? <i>(example: 1 tablet by mouth twice daily)</i>	Purpose <i>Why do you take this medication?</i>





**Sunray**  
Specialty Pharmacy

 **(888) 260-9555**

 **142 S 52nd St. Ste. 201**  
**Philadelphia, PA 19139**

 **(888) 477-9555**

 [www.sunrayspecialty.com](http://www.sunrayspecialty.com)