

*GenRx*<sup>TM</sup>

# Welcome Packet

17250 N Hartford Drive, Suite 115  
Scottsdale, AZ 85255

# Table of Contents

## General Information

About GenRx Pharmacy .....	1
Contact Information .....	2
Hours of Operation... ..	2
Holidays .....	2
GenRx Pharmacy Emergency Disaster Information .....	2

## Important Information

About the Notice of Privacy Practice .....	4
Copy of the Notice of Privacy Practice .....	3 - 6
About the Patient Bill of Rights & Responsibilities.....	7
Copy of the Patient Bill of Rights .....	7 - 8
Your Responsibilities.....	9

## Obtaining Medications and Services

Delivery of Your Mail Order Medications.....	9
How to Fill a New Prescription.....	9
Process for Refilling Prescriptions .....	9
Obtaining Order Status.....	9
Order Delays.....	9
Pharmacy Product Information .....	9
How to Access a Pharmacist by Phone and in Person.....	10

## Patient Information

Patient Issues and Concerns .....	11
Returned Goods Policy.....	12
Evidence-based Health Information and Clinical Guidelines .....	12
Generic Medication Substitution .....	12
Patient Satisfaction Survey.....	13
Consumer Financial Responsibility.....	14
Drug Recalls .....	14
Instructions on How to Safely Dispose of Drugs.....	14
Information About Health Plan Transfers... ..	15
<b>Frequently Asked Questions .....</b>	<b>16</b>
<b>Emergency Phone Numbers .....</b>	<b>17</b>
<b>Patient Acknowledgement Form .....</b>	<b>18</b>

# General Information

## About GenRx Pharmacy

GenRx Pharmacy is a retail pharmacy whose mission is to provide personalized care and better access to affordable generic medications to generate healthier outcomes. At GenRx Pharmacy, our team works with you and/or your prescriber to treat each condition uniquely.

We understand that successful medication therapy requires prescribers, patients, and the pharmacy to work together as one. From our team of 24/7 pharmacists, to our integrated reporting tools, GenRx Pharmacy ensures that each component of the process is easily accessible to all parties.

Most importantly, GenRx's goal is to make affordable, high-quality pharmaceutical products available to our patients. We include free shipping with all standard medication orders and will make it easy and convenient to utilize your prescription insurance benefits. GenRx strives to provide exemplary access, outcomes and personalized care to all patients.

## Vision

GenRx Pharmacy is dedicated to improving patient access to high quality pharmacy services, and we strive to serve as valuable members of the healthcare team.

## Mission

GenRx provides safe, high quality pharmacy services; excellent customer service; and clinical education to our patients in a cost-effective manner.

## Contact Information

Main Phone: 1-866-453-6143

E-mail: [customerservice@genrx2u.com](mailto:customerservice@genrx2u.com)

Website: [Genrx2u.com](http://Genrx2u.com)

## Hours of Operations

- Monday through Friday, 8 a.m. to 4:30 p.m. (Arizona Standard Time)

A licensed pharmacist is available:

- 24 hours a day, 7 days a week, for emergency pharmacy service  
(For life-threatening emergencies, please dial 9-1-1)

## Holidays

GenRx Pharmacy is closed on the following holidays:

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

## GenRx Pharmacy Emergency Disaster Information

If there is a disaster in your area, please call 1-866-453-6143 to instruct us where to deliver your medication. Our goal is to ensure that your therapy is not interrupted. Be sure to also let us know when you have returned to your residence.

## Important Information

### About the Notice of Privacy Practice

Our top priority is protecting the privacy and security of your health information. This notice describes how medical information about you may be used and disclosed and how you can access this information. Patients will receive a written copy of the Notice of Privacy Practice when he/she receives the first order of a new prescription. GenRx's Privacy Officer or Pharmacist on call is available 24 hours a day, 365 days per year to answer any questions related to the Notice of Privacy Practices as it pertains to the patient.

## Notice of Privacy Practice

*Please read this notice, complete the attached Patient Acknowledgement Form and return it to GenRx as specified on the attached Acknowledgement Form.*

### NOTICE OF PRIVACY PRACTICES

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

**Effective Date: August 31, 2018**

#### PURPOSE

All GenRx Pharmacies ("GenRx") are required by law to maintain the privacy of your health information in accordance with federal and state law. This Notice of Privacy Practices ("Notice") outlines our legal duties and privacy practices with respect to health information. We are required by law to provide you with a copy of this Notice and to notify you following a breach of your unsecured health information.

We will abide by the terms of the Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. If we change this Notice, you can access the revised Notice on our website [www.genrx2u.com](http://www.genrx2u.com), or from the receptionist at any GenRx location.

#### USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

**The following categories describe the ways that we may use and disclose your health information without your written authorization.**

**Treatment.** We may use and disclose your health information to provide you with medical treatment and services. For example, your health information may be disclosed to physicians, nurses, or other health care providers who are involved in your care to coordinate or manage your health care services or to facilitate consultations or referrals as part of your treatment.

**Payment.** We may use and disclose your health information to obtain payment for the services we provide to you. For example, we may disclose your health information to seek payment from your insurance company or from another third party. We may also inform your insurance company about a treatment you are going to receive so that we obtain prior approval for the treatment or in order to determine whether your insurance company will cover the cost of the treatment.

**Health Care Operations.** We may use and disclose your health information to conduct certain of our business activities, which are called health care operations. These uses and disclosures are necessary to run our business and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, necessary credentialing, and for other essential activities. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associates to ensure they protect the privacy of your health information.

**Family Members and Friends for Care and Payment and Notification.** We may make the following uses and disclosures of your health information to a family member, other relative, close personal friend, or any other person you identify. We may disclose certain health information to your family, friends, and anyone else whom you identify as involved in your health care or who helps pay for your care; the health information we disclose would be limited to the health information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death as authorized by law unless doing so is inconsistent with any prior expressed preference. We may use or

disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also use or disclose your health information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

**Required by Law.** We may disclose your health information when required by law to do so.

**Public Health Reporting.** We may disclose your health information to public health agencies as authorized by law. For example, we may report certain communicable diseases to the state's public health department.

**Reporting Victims of Abuse or Neglect.** We may disclose health information to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

**Health Care Oversight.** We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

**Legal Proceedings.** We may disclose your health information in the course of certain administrative or judicial proceedings. For example, we may disclose your health information in response to a court order.

**Law Enforcement.** We may disclose your health information to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

**Food and Drug Administration ("FDA").** We may disclose to persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Drug Manufacturer or Drug Distributor/Wholesaler.** We may disclose to drug manufacturers or distributors, the states or the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Deceased Persons.** We may disclose your health information to coroners, medical examiners, or funeral directors so that they can carry out their duties.

**Organ and Tissue Donation.** We may use and disclose your health information to organizations that handle procurement, transplantation, or banking of organs, eyes, or tissues.

**Research.** Under certain circumstances, we may disclose your health information to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

**To Avert a Serious Threat to Health or Safety.** If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information in a very limited manner to someone able to help lessen the threat.

**Specialized Government Functions.** In certain circumstances, HIPAA authorizes us to use or disclose your health information to authorized federal officials for the conduct of national security activities and other specialized government functions.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing your health care, protecting your health and safety or the health and safety of others, or providing for the safety of the correctional institution.

**Workers' Compensation.** We may disclose your health information as necessary to comply with laws related to workers' compensation or other similar programs.

**Please be aware that other state and federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain of your**

health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV, STD, or other communicable disease related information without obtaining your written permission, except as permitted by law. We may also be required by law to obtain your written permission to use and/or disclose your mental illness, developmental disability, or alcohol or drug abuse treatment records or your genetic test results.

#### OTHER USES AND DISCLOSURES

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your health information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your health information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing at GenRx Headquarters, Attention: Privacy Officer, 17250 N Hartford Dr. Suite 115 Scottsdale, AZ 85255.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

This section describes your rights regarding the health information we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted **in writing** to Gen Rx Headquarters, Attention: Privacy Officer, 17250 N Hartford Dr. Suite 115 Scottsdale, AZ 85255.

**Right to Request Restrictions.** You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or health care operations activities. However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate your health information to you in a certain manner or at a certain location. For example, you may wish to receive information about your health status through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request.

**Right to Inspect and Copy.** You have the right to inspect and receive a copy of your health information. We may charge you a fee as authorized by law to meet your request. You may request access to your health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** You have a right to request that we amend or correct your health information that you



believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your health information, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we make of your health information. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the receptionist at any GenRx site and is also available at our website at [www.genrx2u.com](http://www.genrx2u.com).

#### COMPLAINTS

You have the right to file a complaint if you believe your privacy rights have been violated. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: GenRx Headquarters, Attention: Privacy Officer, 17250 N Hartford Dr. Suite 115 Scottsdale, AZ 85255 or by contacting our Privacy Officer at (866) 868-7127. You also have the right to complain to the Secretary of the United States Department of Health and Human Services. **You will not be penalized or otherwise retaliated against for filing a complaint.**

#### CONTACT INFORMATION

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact the GenRx Privacy Officer at (866) 868-7127.

## About the Patient Bill of Rights and Responsibilities

The Patient Bill of Rights and Responsibilities outlines the rights that you, the patient, have in relation to receiving medications and services from GenRx Pharmacy.

*Please read this notice, complete the attached Patient Acknowledgement Form and return it to GenRx as specified on the attached Acknowledgement Form.*

### **Patient Bill of Rights and Responsibilities**

#### **You have the right to:**

Receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, assistance will be provided so you can make informed health care decisions;

1. A choice of health care providers (pharmacies) that is sufficient to provide you with access to appropriate high-quality health care;
2. Know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you, if you cannot make your own decisions;
3. Considerate, respectful and non-discriminatory care from your doctors, healthplan representatives, and other health care providers;
4. Talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medication record and request that your record be amended if it is not accurate, relevant, or complete;
5. Have your property and person treated with respect, consideration and recognition of patient dignity and individuality;
6. 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;
7. Receive information about the scope of services that the organization will provide and specific limitations on those services;
8. Speak to a health care professional;
9. Be informed of patient rights under state law to formulate an Advance Directive, if applicable;
10. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property;

11. Voice complaints regarding treatment of care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or retaliation;
12. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI);
13. Be advised on GenRx's policies and procedures regarding disclosure of clinical records;
14. To have personal health information shared with other healthcare providers only in accordance with state and federal law;
15. Be informed of financial benefits, when referred to another organization for service;
16. Be fully informed of one's responsibilities.

**You have the responsibility to:**

- a. Give accurate and complete health information about your past medical history, medications, allergies and other important health-related information.
- b. Inform GenRx Pharmacy immediately if scheduled prescription dispensing requires cancellation.
- c. Request further information and clarification if there is something you do not understand.
- d. Notify GenRx Pharmacy if you have any concerns that have not been addressed.
- e. Be responsible for costs related to your care that are not covered by other payers.

# Obtaining Medications and Services

## Delivery of your Mail Order Medication

GenRx offers timely and convenient delivery to your home, workplace, or the location you prefer. Alternatively, you may pick up your prescription at our pharmacy location in Scottsdale, Arizona.

## How to Fill a New Prescription

GenRx will work with your prescriber when you need a new prescription sent to our pharmacy. In many cases, your prescriber will electronically send or fax us the new prescription. However, you may also call one of our staff members at 866-453-6143 and ask that we contact your provider to obtain a new prescription. Patients may also hand-deliver an original copy of their prescription to our physical pharmacy location.

Once your new prescription is received by our pharmacy, it will be processed and sent to you. One of our staff members will contact you if any information needs to be verified prior to the fill.

## Process for Refilling Prescriptions

Patients may call 866-453-6143 and request their refill.

## Obtaining Order Status

Patients can obtain the status of their order at any time by either calling our customer service line at 866-453-6143 or emailing our customer service department at [customerservice@genrx2u.com](mailto:customerservice@genrx2u.com).

## Order Delays

On occasion, your insurance plan may reject a claim that may delay your order. Reasons for these rejections may include:

- **Refill-Too-Soon:** Your insurance plan will usually allow a refill on a prescription 7 to 10 days before you are out of medication for a 30-day supply. If a refill is requested early the insurance plan will send the pharmacy a message of “Refill-Too-Soon” and the pharmacy will hold the prescription until the earliest authorized date of fill.
- **Quantity Limit:** This is when your provider feels you could benefit from a medication, but you need more than the usual recommended dosage to maintain consistent results. The insurance plan needs to understand this in order to approve coverage.

Our pharmacy staff will work with your provider and insurance plan to address these issues in a timely fashion.

## Pharmacy Product Information

GenRx pharmacy will make every effort to dispense the medication prescribed by your provider in a timely fashion. In the event that the availability of a medication has been interrupted due to market delay, emergency, or natural disaster, we will contact you as soon as possible to provide options.

## How to Access a Pharmacist by Phone and in Person

Our pharmacists are specially trained on the medication you are taking and they are here to answer your questions about your care plan. Please call a pharmacist at 866-453-6143 if you have any questions about your treatment.

A licensed pharmacist is available 24 hours a day, 7 days a week for any urgent concerns relating to your medication therapy. Please leave your contact information with our after-hours answering service, and the on-call pharmacist will promptly return your call. **In the event of a life-threatening emergency, call 911.**

# Patient Information

## Patient Issues and Concerns

Patients have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services.

**By mail:**

GenRx Pharmacy (Attn: Customer Service)  
17250 North Hartford Dr. Suite 115  
Scottsdale, AZ 85255

**By phone:** 1-866-453-6143

**Email:** [customerservice@genrx2u.com](mailto:customerservice@genrx2u.com)

GenRx has a formal complaint process that ensures that your concerns/complaints will be reviewed and investigated. Every attempt shall be made to resolve all grievances within thirty (30) calendar days of receipt of the concern/complaint. You will be informed via letter of the resolution of the complaint.

If you wish to report your concerns, dissatisfaction or complaints with anyone other GenRx, you have the right to express complaints to the Arizona Board of Pharmacy State's Division of Consumer Affairs at [Pharmacy.az.gov/complaint](http://Pharmacy.az.gov/complaint).

If you wish, you may also file a complaint with URAC, an accreditation organization GenRx works with for Pharmacy Mail Service, at [Urac.org/complaint](http://Urac.org/complaint).

Should you feel that your privacy rights have been violated, you may contact GenRx by sending a letter outlining your concerns to: GenRx Headquarters, Attention: Privacy Officer, 17250 N Hartford Drive Suite 115, Scottsdale, AZ 85255 or by contacting our Privacy Officer at 1-866-868-7127.

You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights) at [Hhs.gov/ocr/privacy/index.html](http://Hhs.gov/ocr/privacy/index.html).

## Returned Goods Policy

Medications cannot be returned for a refund unless we made an error that resulted in the wrong product or a damaged product delivered to you.

If you receive a damaged or otherwise compromised product, please give us a call to discuss options for product replacement and/or proper disposal instruction.

## Health Information and Clinical Guidelines

National Eczema Association

<https://nationaleczema.org/>

National Psoriasis Foundation

<https://www.psoriasis.org/>

American Academy of Dermatology

<https://www.aad.org/>

Psoriasis Connect

<https://www.psoriasisconnect.com/>

American Acne and Rosacea Society

<https://acneandrosacea.org/>

## Generic Medication Substitution

In order to provide cost savings to consumers, a generic drug product may be dispensed by the pharmacist for all approved generic drug equivalent products, unless the prescriber specifically indicates otherwise, or if substitution is prohibited by law.

A generic product is a product that contains the same active chemical ingredients as the brand name product and is approved by the FDA for interchange with the brand name product.

## About the Patient Satisfaction Survey

Attached is a survey for the purpose of providing feedback on your experience with GenRx. GenRx values input from its patients as it strives to provide high quality services, with reduced costs, that improve patient care. Our company maintains a formal process to address patient complaints and respond in a timely manner. GenRx will also utilize this information to promote organizational improvement.

## Patient Satisfaction Survey

Thank you for allowing us to partner with you. Please take a few minutes to give us your feedback on your experience(s). We value your comments and welcome any suggestions you may have to help us improve our services.

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

My medication order was accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall, how respectful and polite were the GenRx staff?	<input type="checkbox"/> Extremely Polite <input type="checkbox"/> Very Polite <input type="checkbox"/> Somewhat Polite <input type="checkbox"/> Not So Polite <input type="checkbox"/> Not Polite At All <input type="checkbox"/> N/A
How well did GenRx staff answer your questions?	<input type="checkbox"/> Extremely Well <input type="checkbox"/> Very Well <input type="checkbox"/> Somewhat Well <input type="checkbox"/> Not So Well <input type="checkbox"/> Not Well At All
I have received information on how to access GenRx refills and other questions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How well did GenRx meet your service expectations?	<input type="checkbox"/> Extremely Well <input type="checkbox"/> Very Well <input type="checkbox"/> Somewhat Well <input type="checkbox"/> Not So Well <input type="checkbox"/> Not Well At All
I received my medication in a timely manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I was able to reach a GenRx staff member by phone who could answer my questions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have received an explanation of the amount I have to pay following processing by my insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How satisfied are you with the services from GenRx?	<input type="checkbox"/> Extremely Satisfied <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Not Very Satisfied <input type="checkbox"/> Not At All Satisfied
How likely are you to have your prescription sent to GenRx again?	<input type="checkbox"/> Extremely Likely <input type="checkbox"/> Very Likely <input type="checkbox"/> Somewhat Likely <input type="checkbox"/> Not Very Likely <input type="checkbox"/> Not At All Likely
If you have any comments about how GenRx can improve their service, please write them here:	



## Consumer Financial Responsibility

Financial Obligation and Financial Assistance - During enrollment, a staff member will inform you of any financial obligations. These obligations may be known to you as a copay, out-of-pocket expense and/or deductible.

Insurance Billing - GenRx will bill your insurance for your claims after your eligibility has been verified. If the claim is rejected, a staff member will notify you in a timely fashion so that we may attempt to resolve the issue.

Copayments - All copayments are subject to collection prior to dispensing of medication. If you cannot afford your copayments we will work with you to find a reasonable option to help with the costs.

## Drug Recalls

GenRx follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. As applicable, GenRx pharmacy will contact patients and/or providers with instructions on recalled medications.

## Instructions on How to Safely Dispose of Drugs

### Disposing of Medicines in Household Trash

Almost all medicines can be disposed of in your household trash. These include prescription and over-the-counter (OTC) drugs in pills, liquids, drops, patches, creams, and inhalers.

Follow these steps:

1. Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
2. Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out.
3. Throw the container in the garbage.
4. Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.

### Flushing Drugs and the Water Supply

Some people wonder if it's okay to flush certain medicines. There are concerns about the small levels of drugs that may be found in surface water, such as rivers and lakes, and in drinking water supplies.

"The main way drug residues enter water systems is by people taking medicines and then naturally passing them through their bodies," says Raanan Bloom, Ph.D., an environmental assessment expert at the FDA. "Many drugs are not completely absorbed or metabolized by the body and can enter the environment after passing through wastewater treatment plants."

The FDA and the U.S. Environmental Protection Agency take the concerns of flushing certain medicines in the environment seriously. Still, there has been no sign of environmental effects caused by flushing recommended drugs.

If you have any further question about your medicine, feel free to call our pharmacy or your healthcare provider.

You can also find more information on the FDA website:

<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm>

### Information About Health Plan Transfers or Changes to Insurance

In order to minimize interruption or delay of services, patients should contact GenRx at 866-453-6143 or at [Genrx2u.com](http://Genrx2u.com) to report any changes in their health plan or pharmacy insurance benefits.

# Frequently Asked Questions

## **What is GenRx Pharmacy?**

GenRx Pharmacy is a retail pharmacy whose mission is to provide personalized care and better access to affordable generic medications to generate healthier outcomes. At GenRx Pharmacy, our team works with you and/or your prescriber to treat each condition uniquely.

## **How do I refill my prescriptions?**

Patients may call 1-866-453-6143 and request their refill.

## **What if GenRx Pharmacy cannot fill my medications?**

GenRx pharmacy will make every effort to dispense the medication prescribed by your provider in a timely fashion. In the event that the availability of a medication has been interrupted due to market delay, emergency, or natural disaster, we will contact you as soon as possible to provide options.

## **How will I know if my drugs are covered by insurance?**

GenRx will handle this process for you by coordinating with your insurance company and your prescriber. We will notify you as soon as possible about the result of this process. If a medication is not covered by your insurance company due to your specific health benefit plan coverage, and it will result in a cost to you, GenRx will contact you.

## **How am I alerted if there is a drug recall?**

GenRx follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. As applicable, GenRx pharmacy will contact patients and/or providers with instructions on recalled medications.

## **What if I have questions about my medications?**

GenRx Pharmacy has licensed pharmacists available for our patients by calling 1-866-453-6143. You can also contact us at [customerservice@genrx2u.com](mailto:customerservice@genrx2u.com).

## **What do I do if I believe there is an error in my prescription order?**

Our pharmacists are always available to answer any questions or concerns about your prescriptions. If you feel that there is an error please contact us right away by calling 1-866-453-6143.

## **When will my medication be available?**

Once your insurance or payment information is verified and the medication is ready to fill, most prescriptions will be ready for pickup or shipped within 3 to 5 business days. You will receive an automated phone call to notify you if your prescription was shipped.

## **How do I get information on disposing of unused/unneeded medications?**

In the event that you need to dispose of any unused medication, feel free to contact GenRx for assistance regarding manufacturer guidelines for disposal.

## **Am I able to receive evidence based health information and educational materials in the mail concerning my disease or medication?**

GenRx will include manufacturer-provided printed materials with your prescription order when starting a new therapy, if available.

## **Where can I get more information on my disease or get help with financial assistance?**

Representatives are available to answer your questions and help with financial assistance by calling 1-866-453-6143, or contact our pharmacy via our website at [Genrx2u.com](http://Genrx2u.com). For complete benefit information, please contact your medical insurance provider. Their contact number will be located on the back of your insurance identification card.

## **Will I be receiving brand name or generic medications?**

In order to provide cost savings to consumers, a generic drug product may be dispensed by the pharmacist for all approved Generic ~~dr~~equivalent products, unless the prescriber specifically indicates otherwise, or if substitution is prohibited by law. A generic product is a product that contains the same active chemical ingredients as the brand name product and is approved by the FDA for interchange with the brand name product.

## **What do I do if I am having side effects from my medication?**

If you are experiencing an emergency, please call 911 or go to the nearest Emergency Room. If you do not feel that it is an emergency, please call 1-866-453-6143 to speak with one of our pharmacists.

## **What kind of services does GenRx Pharmacy provide?**

GenRx Pharmacy does much more than just fill your prescriptions. Our services include:

- Financial and billing assistance to keep your drug costs as low as possible
- Rapid access to your medications with free home delivery
- Counseling and educational information

# Emergency Phone Numbers

**In the event of an emergency, patients should dial their local emergency services of 911.**

Use the following sheet to document other important numbers for your personal reference:

## Medical:

Primary Physician: \_\_\_\_\_

Specialty Physician: \_\_\_\_\_

General Service Pharmacy: \_\_\_\_\_

Other: \_\_\_\_\_

## Local Emergency Numbers:

Fire Department: \_\_\_\_\_

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

Emergency Room/Urgent Care: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Other: \_\_\_\_\_

## Emergency Contact:

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

Phone Number: \_\_\_\_\_

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

# Patient Acknowledgement Form

Thank you for choosing GenRx Pharmacy. In order to provide you with the best possible care, GenRx Pharmacy asks that you acknowledge that you have read each of the forms listed below and agree with their terms and conditions. If you have any questions regarding these forms, please call us at 1-866-453-6143.

Please check the following boxes to acknowledge that you have read each of the forms listed below and agree with their terms and conditions.

- I have received and read the GenRx Welcome Packet and agree with its terms and conditions.
- I have read the Notice of Privacy Practices” and agree with its terms and conditions.
- I have read the “Patient Bill of Rights and Responsibilities” and agree with its terms and conditions.

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

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

Patient Phone Number: \_\_\_\_\_

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

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

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

(Note, please attach Power of Attorney or other proof of authority to sign on behalf of the patient)

Please return this form to us either via mail, fax or e-mail. Thank you

Mail: GenRx Pharmacy (Attn: Customer Service)  
17250 North Hartford Dr. Suite 115  
Scottsdale, AZ 85255

Fax: 1-800-597-4135

E-Mail: customerservice@genrx2u.com