



PATIENT WELCOME PACKET

**Altruix
3800 Horizon Blvd
Suite #103
Trevose, PA 19053
215-494-9403
(Toll Free) 800-927-6703
<https://altruix.com/>**

**Hours: Monday – Friday from 8:30 AM – 6:00 PM and
Saturday 8:30 AM – 10:30 AM**

Patient Welcome Packet

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Accreditations and Affiliations

Altruix pledges to provide outstanding services to our patients and maintain the quality standard which is reflected by our accreditations and affiliations as listed below.

Altruix is URAC accredited for both Specialty pharmacy and Mail Order pharmacy. Altruix also has ACHC accreditation for Specialty pharmacy.



ACCREDITED

Specialty Pharmacy
Expires 05/01/2026



ACCREDITED

Mail Service Pharmacy
Expires 05/01/2026



SPECIALTY PHARMACY

Contact and Hours of Operation

Altruix is located at:

3800 Horizon Blvd

Suite #103

Trevose, PA 19053

Phone: 215-494-9403 or (toll free) 800-927-6703

Website: <https://altruix.com/>

Email: help@altruix.com

Hours of Operation: Monday – Friday from 8:30 AM – 6:00 PM

Saturday 8:30 AM – 10:30 AM

Need to Speak with A Licensed Pharmacist / Professional:

During regular hours of operation: (215) 494-9403

For emergency situations after regular hours of operation: (215) 494-9403.

Non-English Speaker – Our on-site bilingual staff and Language Translation Services got you covered.

We are closed on following Holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Welcome to Altruix!

Our communication with you will be over the phone, email or through paper mailings or memos. Should you want to access a pharmacist, request medication, or any available drug therapy or patient management or instructions on how to access consumer advocacy support services, please contact us at the provided address and phone number or review our website.

According to pharmacy law, the generic equivalent of a brand name drug will be dispensed (substituted), unless the brand name is specified by the doctor. If your insurance company will not pay for a brand name drug, the pharmacy will help find a solution.

We will work with your doctor and insurance company to gain coverage or change the drug to an agreed upon alternative.

If a medication prescribed is not available, the pharmacy will first contact the doctor and request an alternative medication that is available. Next, we will call a local pharmacy that has the medication in stock and transfer the prescription there until the medication is available again.

If you need a refill medication, please call the pharmacy 3 to 5 days in advance to request your refill. When you will be traveling and need medication earlier than usual, please call the pharmacy so that accommodations can be made for you to receive your medication when you need it.

You are responsible for payment of the co-pays, out of pocket costs (deductibles, co-pays, and co-insurance) assigned by your insurance plan. There is no additional cost for regularly scheduled shipment and adherence packaging. We will assist with finding coupons or financial support programs if requested. If you request a rush shipment, you will be responsible for the additional shipping charge. We accept payments in the following forms: credit card, check or money order.

Patients are welcome to pick-up their prescription in-person or our facility offers free local delivery.

If your insurance plan has a “quantity limit” or benefit limitation on a prescribed medication, we will first consult with you and ask if the out-of-pocket/cash price is acceptable. Should the price not be acceptable, the pharmacy will contact your physician for an alternative medication which is covered by the insurance plan. We may also recommend that the patient contact the insurance plan directly.

In case of an emergency, disaster or delay in medication delivery please call the pharmacy at (215) 494-9403. Speak to a pharmacy technician or pharmacist to coordinate a plan for medication receipt. Examples of solutions possibilities are Altruix calling a local pharmacy to fill all or a portion of medication needed, do an overnight shipment, or have the patient call 911. If the pharmacy is aware of a delay in advance, a pharmacy employee will call the patient/caregiver to give any information and an expected delivery date.

For information on your order status, or information on a delay in shipment/receipt please call Altruix at (215) 494-9403. The tracking number can also be given to you over the phone or email, if not already sent, so that you can track the package at any time, for your convenience.

Should your insurance change and/or we become an “out of network” pharmacy, you will be notified and given the option to change pharmacies if you wish. If the choice is to change pharmacies, the new pharmacy must call Altruix to request a transfer of prescriptions. If you wish to continue to use Altruix, the cost charged for medication will be provided in writing to you. If there is a change in your insurance company, we will reach out to the new organization and get your new cardholder information. We will have the updated insurance information and will bill to the new plan.

If you have any questions or concerns about service, medication or suspected errors call Altruix at (215) 494-9403 and speak to a pharmacist. Our professional staff will assist you.

If you have a reaction to a medication, call your doctor to report first, then call Altruix and speak to a pharmacist. We will note the reaction in your personal file. All adverse drug reactions will be logged, reviewed by a pharmacist and reported as appropriate to the regulatory agencies.

Please contact us if your medication arrives warm and should be cold.

For more information about Altruix and information on drug recalls, disposal of medication, and health and safety information please visit our website: <https://altruix.com/>

For information regarding Evidence based health information and content for common conditions, diagnoses, and the treatment diagnostics and interventions, please see our website at <https://altruix.com/> or contact the pharmacy directly at the number given and we will be happy to accommodate you.

Altruix's customer service center may make follow-up calls to patients to make sure they have received their medication and answer any questions they may have.

Thank you for choosing Altruix. We appreciate your business. We strive to provide you the best service, medication, and communication all throughout the process.

Kind Regards,

The Team at Altruix

Email: help@altruix.com



Patient Rights and Responsibilities

The following are considered Patient Rights:

1. Considerate and respectful care from your pharmacists and other healthcare professionals in a manner that supports your dignity.
2. Receive care and communication that is respectful to your personal and cultural values, beliefs, and preferences.
3. Receive complete and accurate information about the scope of services that Altruix will provide and specific limitations on those services.
4. Receive relevant, accurate, current and understandable information from your pharmacist concerning your treatment and/or drug therapy.
5. Receive complete and accurate information from your pharmacist regarding the reason for your treatment and/or drug therapy, the proper use and storage of prescribed medications and the possible adverse side effects and interactions with other drugs, supplements or foods.
6. Receive effective counseling and education from your pharmacist that empowers you to take an active role in your health condition and treatment decisions.
7. Make non-emergency decisions regarding your plan of care before and during treatment, as well as refuse any recommended treatment, therapy or plan of care after being informed of the consequences of refusing treatment, therapy or plan of care.
8. Expect that all dispensed medications you receive are safe, accurately dosed, effective and in useable condition.
9. Expect that all records, communication, patient counseling by your pharmacists and all related discussions regarding your drug therapy, including its effects and side effects, are conducted in a manner that protects your privacy.
10. Confidentiality and privacy of all your patient information contained in your patient record and Protected Health Information, as described in Altruix's Notice of Privacy Practices.
11. Receive appropriate care without discrimination in accordance with physician orders.
12. Seek or receive pain management services without discrimination.
13. Be advised if a medication has been recalled at the consumer level.
14. Call Altruix with any privacy matters and ask for the Privacy Officer; or contact us through our website, www.altruix.com.

15. Voice your grievances/complaints regarding treatment of care, lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
16. Call Altruix with grievances/complaints about your medication and ask for the Compliance Officer, Specialty Pharmacy Manager, or Director of Operations.
17. Expect that your personal data, including all contact information, is not released by pharmacists, pharmacies or insurance companies to another party to be used in soliciting the purchase of goods or services, whether or not the solicitation is related to your care.
18. Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, some insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost.
19. Choose a health care provider, including choosing an attending physician, if applicable.
20. Receive, in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third-party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
21. Be informed of any financial benefits that might accrue when referred to an organization.
22. Be advised of any change in Altruix's plan of service before the change is made.
23. Receive information in a manner appropriate for your age, language, and ability to understand (vision, speech, hearing, or cognitive impairments).
24. Have family members or identified surrogate decision makers, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representation, be involved in your care and treatment, and/or service decisions affecting you if you are unable to do so and have those decisions respected.
25. Be provided to you, or a surrogate decision maker, information pertaining to the outcomes of care or services needed to participate in current and future health care decisions, and information on any sentinel event arising from provided services.
26. To request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
27. To request and receive, or make changes to disclosures of your health information, in accordance with law and regulation.
28. To know or ask how to access support from consumer advocates.
29. To speak to a health professional.
30. For pharmacy health and safety information to include patient's rights and responsibilities.

31. To know about the philosophy and characteristics of the patient management program.
32. Have personal health information shared with the patient management program only in accordance with state and federal law.
33. Identify the staff member of the patient management program and his or her job title, and speak with a supervisor of the staff member, if requested.
34. Receive information about the patient management program.
35. Receive administrative information regarding changes in or termination of the patient management program.
36. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
37. Decline participation, revoke consent, or disenroll at any point in time from the patient management program.
38. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
39. Be fully informed of your responsibilities.

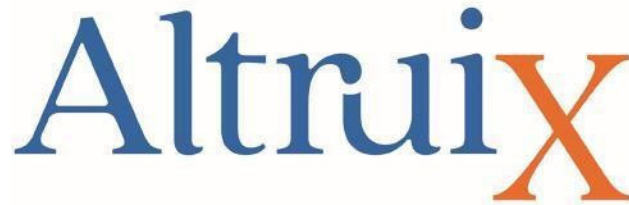
The following are considered Patient Responsibilities:

1. Submit any forms that are necessary to participate in the patient management program to the extent required by law.
2. Give accurate clinical and contact information and to notify the patient management program of changes in this information.
3. Notify your treating provider of your participation in the patient management program, if applicable.
4. Adhere to the plan of treatment or service established by your physician or healthcare provider.
5. Participate in the development and periodic revision of an effective plan of care and services.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by a Altruix representative.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Notify Altruix if you are going to be unavailable for scheduled delivery times.
10. Treat Altruix employees with respect and dignity without discrimination as to color, religion, sex, creed, or national or ethnic origin.
11. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
12. Notify Altruix of any changes in your physical condition, physician's prescription or insurance coverage. Notify Altruix immediately of any address or telephone changes whether temporary or permanent.
13. Pay all charges upon receipt of billing statement by the last Monday of the month the statement is received in.
14. Any past due account may be referred to collection at which time Altruix may impose a 1.5% charge per month on any unpaid balance. Such charge may be assessed on past due accounts. Furthermore, patient is responsible to pay all attorney's fees, court costs, and other expenses incurred by Altruix to effect collection of outstanding past due amounts.

I have read and understand my rights and responsibilities.

Patient or Caregiver's Signature

Date



HIPAA 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.

When this Notice of Privacy Practices ("Notice") refers to "we" or "us," it is referring to Altruix and all the pharmacists who provide health care services and the employees of our pharmacy. We are required by law under the Health Insurance Portability and Accountability Act and its implementing regulations ("HIPAA") to maintain the privacy of your protected health information ("PHI"), to follow the terms of the Notice currently in effect, to give you this Notice setting forth our legal duties and privacy practices concerning your PHI and to notify affected individuals following a breach of unsecured PHI. This Notice describes how we may use and disclose your PHI. Additionally, this Notice explains the rights you have with respect to your PHI, and certain obligations we must abide by in accordance with the law. We reserve the right to amend this Notice and apply the amendment to all PHI that we maintain. If we make any material revisions to this Notice, we will post a copy of the revised Notice in the pharmacy, on our website and will offer you a copy of the revised Notice.

I. USE AND DISCLOSURE OF YOUR PHI - We will use and disclose your PHI for treatment, payment and health care operations. We may also use your PHI for other purposes that are permitted and/or required by law and pursuant to your written authorization. The following lists examples of how we may use and/or disclose your PHI without your written authorization. Any other uses not described in this Notice will only be made with your written authorization, which you may revoke at any time by providing us with written notice of your revocation. Subject to compliance with limited exceptions, we will not use or disclose substance abuse treatment records or psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI unless we obtain an authorization from you.

A. Treatment - We may use and disclose your PHI in order to provide you with prescription and supply services. We may disclose your PHI to other pharmacists, pharmacy technicians and health care providers that are involved in your care. You will receive an individual notice and have the opportunity to opt out of any subsidized treatment communications.

B. Payment - We will use and disclose your PHI in order to obtain payment for the health care services we provide to you. We may also need to disclose your PHI to receive prior approval from your health plan or to determine if your health plan will cover a certain prescription or service.

C. Health Care Operations - We may use and disclose your PHI in connection with the management of our pharmacy. For example, this may include quality assessment and improvement, internal compliance audits, to arrange for legal services and performance evaluations. Additionally, we may use your PHI for our business management and general administrative activities.

D. Prescription Refill Reminders, Treatment Alternatives or Health-Related Benefits - We may use and disclose your PHI to contact you to remind you about prescription refills, to tell you about treatment options or alternatives, or to inform you about health-related benefits or services that may be of interest to you.

E. Family Members, Relatives or Close Friends - Unless you object to such disclosure, we may disclose your PHI to your family members, relatives or close personal friends, or any other persons identified by you as being involved in the treatment or payment for your medical care. If you are not present to agree or object to our disclosure of your PHI to a family member, relative or friend, we may exercise our professional judgment to determine whether the disclosure is in your best interest. If we decide to disclose your PHI, we will only disclose the PHI that is relevant to your treatment or payment.

F. Other Permitted and Required Uses and Disclosures - We may use your PHI without obtaining your authorization and without offering you the opportunity to agree or object as follows:

- as required by law, such as to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with HIPAA, provided however, that the use or disclosure will be limited to the relevant requirements of the law;
- to our business associates such as accountants, consultants and attorneys that provide some services for us provided that we have a written contract with them that requires them to protect the privacy of your PHI;
- to a public health authority that is authorized by law to collect or receive such information, or to a foreign government agency that is acting in collaboration with a public health authority and these health activities generally include preventing or controlling disease, reporting deaths, reporting adverse effects of medications or problems with products, notification of communicable disease, and reporting abuse or neglect under certain circumstances;
- to a health oversight agency for oversight activities authorized by law, including audits and inspections, and civil, administrative or criminal investigations, proceedings or actions;
- in a limited data set after removing most information that identifies you from a set of data for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential, or after de-identifying your PHI consistent with HIPAA for purposes permitted by law, including selling the de-identified information;
- for judicial or administrative proceedings, such as in response to a court order or subpoena, but in the case of subpoenas, only if we receive assurances you have been notified of the request, or the parties have sought an order protecting the information. If we receive records from substance use disorder treatment programs subject to federal privacy restrictions found at 42 CFR Part 2, such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or we receive a court order entered after notice and an opportunity to be heard is provided to the individual or us, as provided by 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested substance use disorder record is used or disclosed;
- to law enforcement to report certain injuries, comply with court orders or warrants or similar process, to identify a suspect, fugitive, missing person or victim or to report a crime;
- to a coroner or medical examiner to perform duties authorized by law such as identification of a deceased person or determining the cause of death;
- to funeral directors, consistent with applicable law, as necessary to carry out their duties;
- to organ procurement organizations or similar entities for the purpose of facilitating organ, eye or tissue donation and transplantation;
- for research purposes provided that certain approvals take place and assurances are given;
- to avert a serious threat to health or safety, so long as the disclosure is only to a person who is reasonably able to prevent or lessen such threat;
- for military and veterans' activities (including foreign military personnel) to assure the proper execution of a military mission and to determine eligibility for benefits;

- for national security and intelligence activities for the purpose of conducting lawful intelligence, counterintelligence and other national security activities;
- for protection of the President and other authorized persons or foreign heads of state or to conduct authorized investigations;
- to a correctional institution or law enforcement custodian if you are an inmate or under custody; and
- to the extent necessary to comply with laws relating to workers' compensation and work-related injuries.

II. YOUR RIGHTS AS OUR PATIENT – As our patient, you have a number of rights associated with your PHI. The following describes your specific rights. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make health care decisions for you (known as a “personal representative”), that individual may exercise any of the above rights listed for you.

A. You have the right to request restrictions or limitations on how we use and/or disclose your PHI for treatment, payment, or healthcare operations; however, we do not have to agree to your requested restriction or limitation (except we must agree to restrict disclosures of your PHI for payment or healthcare operations purposes not required by law to a health plan where you, or someone other than your health plan, pay in full for the healthcare service). Your written request must specify: (1) if you would like to restrict or limit our use and/or disclosure; (2) what information you want restricted or limited; and (3) to whom the restriction or limitation applies (e.g., spouse). If we agree to your request, it will not prevent us from disclosing your PHI as follows: (1) for purposes required or permitted by law; or (2) in case of an emergency.

B. You have the right to receive confidential communications concerning your PHI by alternative means or via alternative locations. For example, you may want to receive communications related to your prescriptions at a different address other than your home address. If you wish to receive confidential communications via alternative means or locations, please submit your request in writing to the Privacy Officer and set forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. We will accommodate all reasonable requests.

C. You have the right to access, inspect and obtain a copy of your PHI, including any electronic PHI; provided, however, you are not entitled to access certain PHI exempted under HIPAA. To the extent we maintain electronic PHI, upon request we will provide you with a copy of your PHI in the format requested. If you request a copy of your PHI, you will receive a response to your request in a timely fashion but may be charged a reasonable, cost-based fee to cover copy costs and postage. In some limited circumstances, we may deny your request for access to PHI in which case you may request for the denial to be reviewed. If access is ultimately denied, you are entitled to a written explanation with the reason(s) for the denial.

D. You have the right to receive an accounting of disclosures of your PHI made by us for a period of six (6) years prior to the date on which you request an accounting of disclosures, or such lesser period as you indicate. You will receive one request annually free of charge and, thereafter, we may charge you a reasonable, cost-based fee for each subsequent request for an accounting of disclosures within the same twelve-month period. We will notify you of the cost for an accounting of disclosures and you may choose to withdraw or modify your request before we charge you.

E. If you believe we have PHI about you that is incorrect or incomplete, you may make a written request to us stating the reasons to support any requested amendment. You have the right to request an amendment to your PHI for so long as we maintain your PHI. We will respond to your request for an amendment after we receive your request. However, we may deny your request for amendment if, for example, we determine that the PHI you requested was not created by us or is already accurate and complete. You may respond to our denial by filing a written statement of disagreement, but we have the right to rebut your disagreement. If this occurs, you have the right to request that your

original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your PHI.

F. You have the right at any time to obtain a paper copy of this Notice, even if you receive this Notice electronically. If you have received an electronic copy of this Notice, but wish to obtain a paper copy of this Notice, please send your request in writing to the Privacy Officer at the address listed below.

G. You have the right to opt-out of fundraising and your PHI will not be used for fundraising purposes or sold without your prior authorization.

III. ADDITIONAL INFORMATION/QUESTIONS OR COMPLAINTS

A. If you need any additional information about this Notice or wish to exercise any of your rights set forth in this Notice, please contact:

Privacy Officer
Altruix
40 Wight Avenue
Suite 100
Cockeysville, MD 21030 Tel: (866) 282.6700

B. If you believe your privacy rights have been violated, you may file a complaint without retaliation with the Privacy Officer of the pharmacy using the contact information above or with:

Secretary of the Department of Health and Human Services
200 Independence Avenue SW Washington, D.C. 20201

This Notice is effective as of February 5, 2026.

Patient Management Program Information

Altruix believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy. Altruix provides a Patient Management Program (PMP) to those patients receiving specialty medications. The PMP services provide help for consumers to understand, manage, and comply with their drug treatment. In addition, it provides assistance to those patients experiencing difficulty taking, obtaining or following their medication schedule. Altruix's patient management services include the following:

- **A health assessment of the patient**
- **Education and counseling with the Pharmacist, designed to enhance patient understanding and appropriate use of his/her medications**
- **Information and resources designed to enhance patient compliance with specialty drug administration**
- **Coordination of healthcare services, with providers, and other healthcare professionals participating in the patient's care**
- **Care planning to ensure treatment goals meets the patient's needs and are shared among the patient's providers**

The PMP is offered free of charge to our patients.

Why Use Patient Management Services?

Altruix believes that patients may gain the following potential health benefits by participating in the Patient Management Program:

- **Improved knowledge of medication use and administration;**
- **Improved medication compliance by creating an individualized plan for the patient to make sure medication is taken as prescribed;**
- **Improved ability to manage difficult side effects;**
- **Greater self-management of medications and medical condition;**
- **Improved coordination of healthcare services through the collaboration of your pharmacist, doctor and healthcare team;**
- **24/7 accessibility to a pharmacist or other clinical person;**
- **Regular follow-up to assure your medications are being effective for you.**

The PMP has limitations. These include:

- **The program's benefits may be limited based on the patient's willingness to share their health information and their motivation to participate**
- **The patient must inform Altruix of changes in medical condition and medication therapy**

You will automatically receive these patient management services if you are taking a specialty medication. However, you may request not to participate in the program at any time by calling Altruix at: 215 494 9403.

Patient Management Program Patient Rights and Responsibilities

The Patient Management Program is offered to patients receiving specialty medications. Participation in the Patient Management Program provides the patient with greater knowledge, tools, and clinical follow-up to promote self-management of their medical condition and medications.

Patients participating in the Patient Management Program have the following rights and responsibilities:

Patient Rights:

- To know about the philosophy and characteristics of the patient management program;
- To have personal health information shared with the patient management program only in accordance with state and federal law;
- To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested;
- To speak to a health professional;
- To receive information about the patient management program;
- To receive administrative information regarding changes in or termination of the patient management program; and
- To decline participation, revoke consent to participate in the program or disenroll from the program at any point in time.

Patient Responsibilities:

- To submit any forms that are necessary to participate in the program, to the extent required by law;
- To give accurate clinical and contact information and to notify the patient management of changes in this information; and
- The responsibility to notify their treating provider of their participation in the patient management program.



Pharmacy Information Sheet

How do I contact Altruix for questions that I may have?

- Patients may call 215-494-9403 for any information regarding their medications, such as order status, medication delays, drug recalls, etc.

Altruix
3800 Horizon Blvd
Suite #103
Trevoose, PA 19053
215-494-9403 or 800-927-6703
<https://altruix.com/>

Hours: Monday – Friday from 8:30 AM – 6:00 PM and Saturday 8:30 AM – 10:30 AM

What ongoing support will Altruix offer me?

- Adherence Packaging
- Monthly patient care and wellness checks
- Prescription refill reminders
- Pharmacists available 24/7 to answer any clinical question.
- Instructions on how to access consumer advocacy support.

Does Altruix stock my medication and how will I get it?

- Our staff is available to discuss medication availability at Altruix as well as access to medications whether store pickup or delivery.
- We will assist and refer patients when necessary to different programs if certain medications are not accessible or available at Altruix.
- If needed, pharmacists are available to discuss generic substitutions or alternatives for medications that may be too expensive or are not covered by your healthcare insurance or are no longer available.

What does my prescription cost?

- Once a prescription has been processed, you will be notified of your cost. Our staff can explain questions related to your prescription cost, such as your out-of-pocket cost, deductible, co-payment, co-insurance, etc.
- Some patients, depending on their healthcare coverage, are eligible to be enrolled into prescription drug assistance programs to assist with out-of-pocket costs. Our staff can assist with this process.

What if my insurance does not cover my medication? How will I get the medication I need?

- Patients are contacted immediately if a plan limitation or benefit exclusion occurs while processing a prescription.
 - Our staff will educate regarding and refer available options to cover partial or full cost of medication: Patient assistance programs available through manufacturer (e.g., copay cards, coupons, etc.), local county clinics or agencies, foundations, and local non-profit organizations associated with the disease state, or
 - Pharmacies available within the insurance provider's network, or

- Contacting the physician for alternative therapies, if applicable.

How do I contact a pharmacist?

- Patients can call 215-494-9403 to speak with a pharmacist or visit the pharmacy located at 3800 Horizon Blvd, Suite 103, Feasterville Trevose, PA 19053 between the hours of 8:30am EST and 6pm EST.

How do I contact my provider?

- Pharmacy staff is available to give provider telephone numbers and office addresses to patients by calling 215-494-9403.

What should I do if there is a delay in delivery of my medication?

- Please contact the pharmacy immediately if there is a delay in delivery at 215-494-9403.

How do I refill my medication?

- Refill instructions by calling the automated refill line at 215-494-9403. We also offer auto refill service for patients enrolled in the Patient Management Program.
- If a pre-authorization is required for a prescription, our staff will inform the patient and take the necessary steps to acquire the pre-authorization.

What should I do if I miss a dose of medication?

- If you miss a dose of medication and you have access to a telephone, call your provider and/or the pharmacist on call for instruction on how to proceed.
- If you do not have telephone access, take the required dose the next day.
- Do not double up on the medication to make up for missing doses.

I am traveling and now in need of medication. What should I do?

- At Altruix, we are here to meet all your needs. Please call 215-494-9403 to inform Altruix when a medication is needed before or while traveling so that the appropriate steps can be taken to deliver your medication to the location of your choice.

My prescription was filled at another pharmacy. How do I have Altruix fill it?

- Please call 215-494-9403 to have pharmacy staff transfer the prescription.

What are my Consumers Rights and Responsibilities?

- Patients can request a copy of their Consumer Rights and Responsibilities by calling 215-494-9403.

How do I find information on topics such as side effects, adverse drug reactions, and proper medication disposal?

- Information regarding medication specific guidelines including, but not limited to, adverse drug reactions and how to dispose of medications properly can be obtained by calling Altruix at 800-927-6703 (local number 215-494-9403).

How do I find more information about my condition?

- Additional information about medication and therapy is available through:
 - Web sites by searching the name of the medical condition and medication
 - Food and Drug Administration Hotline at 1-800-463-6332 / www.fda.gov
 - Center for Disease Control and Prevention at 1-800-232-4636 / www.cdc.gov
 - Poison Control Center at 1-800-222-1222 / www.aapcc.org

Are there any support groups available to help with what I may be going through at this time?

- Our staff can assist with consumer advocacy support by calling 215-494-9403.

How can I be careful when I prepare and take my medications to avoid infections?

- Keep your medications in a clean storage area that is not accessible to children
- Keep your medications store at the correct temperature to maintain its effectiveness

- Pour medications in clean, well-lit area.
- If you are taking injectable medications make sure to read the additional information on how to administer injectable medications correctly.

How do I store my medications correctly?

- Your medication bottle will specify storage instructions, e.g., KEEP REFRIGERATED. Look for these instructions. They will be printed in colored labels and attach to the bottles or receptacle that stores the medication.
- If in doubt how to store your medications call your pharmacist.

How do I dispose of any left-over medication?

- Follow any specific disposal instructions on the prescription label or drug information sheet that accompanies a new order or refill of medication
- Take advantage of community programs that allow the public to take unused drugs to a central location for proper disposal
- If no specific drug disposal instructions are provided on the label of the medication bottle and no take back program is available in your community, throw the drugs away in the household trash following these steps:
 - Remove the medication from their original containers and mix them with an undesirable substance, such as, used coffee ground, dirt, or kitty litter.
 - Place the mixture in a sealable bag, empty can or other sealed container to prevent the mixture and the added medication from leaking or breaking out inside the garbage bag.
 - Scratch out all identifying information from the medication bottles.
- Do not give or share medication with other people. Something that works for can be dangerous for someone else.
- If any doubts about disposing a medication, contact Altruix and speak to the pharmacist for further instructions.

I have a concern, complaint or grievance about the services provided by Altruix. What should I do?

- Call Altruix. The staff will try to resolve the problem immediately.
- Other options to call to express a complaint include:
 - Accreditation Commission for Health Care: 855-937-2242 or 919-785-1214
 - URAC: <https://www.urac.org/file-a-grievance>
 - Your pharmacy benefit manager
 - Your health plan
 - Pennsylvania Department of Pharmacy: 717-783-7156

I am not satisfied with the resolution provided by Altruix to my concern. What should I do?

- You can appeal Altruix final resolution and/or determination to:
 - Accreditation Commission for Health Care: 855-937-2242 or 919-785-1214
 - URAC: <https://www.urac.org/file-a-grievance>
 - Your pharmacy benefit manager
 - Your health plan
 - Pennsylvania Department of Pharmacy: 717-783-7156

ANY OTHER QUESTIONS, PLEASE CALL ALTRUIX.



Recommended Items to Include in a Basic Emergency Supply Kit:

- ☐ Water and non-perishable food for several days
- ☐ Extra cell phone battery or charger
- ☐ Battery-powered or hand crank radio that can receive NOAA Weather Radio tone alerts and extra batteries
- ☐ Flashlight and extra batteries
- ☐ First aid kit
- ☐ Whistle to signal for help
- ☐ Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- ☐ Moist towelettes, garbage bags and plastic ties for personal sanitation
- ☐ Non-sparking wrench or pliers to turn off utilities
- ☐ Can opener (if kit contains canned food)
- ☐ Local maps



FEMA's Ready Campaign

educates and empowers Americans to take some simple steps to prepare for and respond to potential emergencies, including those from natural hazards and man-made disasters. Ready asks individuals to do three key things: get an emergency supply kit, make a family emergency plan, and be informed about the different types of emergencies that could occur and appropriate responses. Everyone should have some basic supplies on hand in order to survive several days if an emergency occurs. This list of emergency supply kit items is only a starting point. It is important that individuals review this list and consider the unique needs of their family, including pets, for items to include. Individuals should also consider having at least two emergency supply kits, one full kit at home and smaller portable kits in their workplace, vehicle or other places they spend time.



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Federal Emergency Management Agency
Washington, DC 20472



Additional Items to Consider Adding to an Emergency Supply Kit:

- ☐ Prescription medications and glasses
- ☐ Infant formula and diapers
- ☐ Pet food, water and supplies for your pet
- ☐ Important family documents such as copies of insurance policies, identification and bank account records in a portable waterproof container
- ☐ Cash and change
- ☐ Emergency reference material such as a first aid book or information from www.ready.gov
- ☐ Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- ☐ Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- ☐ Fire Extinguisher
- ☐ Matches in a waterproof container
- ☐ Feminine supplies, personal hygiene items and hand sanitizer
- ☐ Mess kits, Paper cups, plates and disposable utensils, paper towels
- ☐ Paper and pencil
- ☐ Books, games, puzzles or other activities for children



Prepare. Plan. Stay Informed.®



Emergency Supply List



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www.ready.gov