



6499 38th Avenue North
St. Petersburg, FL 33710
Phone: 727-344-3902 Fax: 727-343-1356

The Independent or Assisted Living community that you are considering uses Southcare Pharmacy to provide pharmacy services for their residents. We ask that you take a few moments to read through the following information and complete the ***Patient Admission Record and Agreement***. Your physician will need to write new prescriptions for Southcare Pharmacy, or we can transfer your existing prescriptions from another pharmacy. The forms and prescriptions will need to be available to us at least ***3 days prior to your move in date***.

Throughout our history we have been guided by the principle of providing outstanding service to our customers. We make that same commitment to you. Our pharmacists and staff offer high quality, reliable pharmacy care. We check and double check each prescription for accuracy, drug interactions and known patient drug allergies. We utilize various packaging systems, including the Medicine-on-Time© (MOT) system to ensure medications are taken appropriately (right person, right medication, right dose, right time). This packaging system simplifies the medication administration process for you and the employees who will assist you at your facility.

Many medical problems result from not taking medications properly. Ongoing clinical review of your medications by our pharmacists and registered nurses, combined with our packaging systems, improve compliance, which dramatically reduces errors and improves your health.

We can also provide home medical equipment (walkers, wheelchairs, etc.) and supplies, over the counter medications and a wide array of products stocked in our retail pharmacy. All can be ordered and delivered for no additional fee. If you purchase medical equipment from us, you may see some purchases billed through Mobility Warehouse. Mobility Warehouse is a sister company of Southcare Pharmacy that specializes in medical equipment and supplies.

We participate in most prescription insurance plans and offer competitive pricing to those who do not have insurance.

Please feel free to call and meet our staff with any additional questions or concerns!

Southcare Pharmacy: Patient Admission Record and Agreement

Facility Name: _____ Room #: _____ Admit Date: _____

Patient Information

First Name: _____ Last Name: _____

SSN#: _____ DOB: _____ Sex () M () F

Patient is solely responsible for the financial and legal authorizations Yes () No () If NO please list the Primary Contact and Financially Responsible Party

First Name: _____ Last Name: _____

Relationship to Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ email address: _____

A legal Representative is a person who has been granted the authority in writing by either the Patient or a court of law to make medical and/or financial decisions on behalf of the patient.

Please provide pharmacy with copies (Front and Back) of Insurance Cards

If you would like to pay your monthly invoice automatically please provide the following: (the receipt and copy of your statement will be mailed to the address provided above)

Visa/MC/Discover/AmEx Card# _____ Exp _____

Billing Address Zip Code: _____

By Signing below, the patient or their Legal Representative and or the Financially Responsible Party acknowledge and agree to each of the following terms:

1. Any items not covered by insurance will be charged at competitive market rates. In addition, you will be charged a packaging fee of \$25.00 per month if your facility chooses to utilize the MedicineOnTime© packaging system. There are no monthly fees if this service is not provided at your facility.
2. Assignment of Benefits: The Patient or Legal Representative hereby requests and authorizes any third party payer to make payment directly to Southcare Pharmacy for products and services provided to the patient.
3. Payment: The Patient and/or Financially Responsible Party are responsible for paying all charges for products and services provided to the Patient by Southcare Pharmacy. Payment in full is due within 30 days of the invoice date or finance charges will be incurred. The Patient or their Legal Representative and/or Financially responsible Party hereby authorize Southcare Pharmacy to charge any credit card or bank card account number identified above for any amounts owed.
4. Acknowledgement of Southcare Pharmacy's Privacy Policies located on our website at www.southcarerx.com

Patient/Legal Representative Name

Signature

Date