

Jackson Pharmacy – Specialty Services

Welcome Packet



*Miracles
made daily.*

Jackson
MEMORIAL HOSPITAL



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Welcome

- Welcome
- Our Mission
- Services Offered

Welcome to Jackson Pharmacy – Specialty Services

We are excited about the opportunity to serve you for your pharmacy needs. Jackson Health System is committed to improving the quality of life for our patients locally and around the world. We recognize that starting and staying on drug therapy can be more of a challenge when chronic or complex conditions are involved. As part of Jackson, the pharmacy staff is able to work with your provider to ensure you receive the highest level of care.

We provide you with the personal service necessary to ensure that you achieve the most benefit from your therapy. You can expect:

Personalized patient care

- Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. Specialty patients will be auto-enrolled in the Patient Management Program. The program provides patients with training, education and counseling.

Collaboration with your Doctor

- We work directly with your doctors and caregivers and are here to make sure any difficulties you may be having with your treatment are addressed immediately with your doctors. We will also provide coordination of prior authorization with your insurance company.

Regular follow-up

- Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment, provide refill reminders and will be your healthcare advocate.

Benefits

- Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits. We help assist physicians with coordination of prior authorization with your insurance company.

Delivery

- We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you 5 - 7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.

24/7 Support

- Clinically-trained personnel are available 24 hours a day, 7 days a week including holidays and weekend. We are always here to answer any questions or address any concerns you may have.

Thank you for choosing us as your specialty pharmacy!

Sincerely,
Jackson Pharmacy – Specialty Services

Our Mission

Jackson Pharmacy – Specialty Services’ mission is to provide a single high standard of pharmaceutical care, education, and research to all residents of Miami-Dade County. We aim to deliver a full range of pharmaceutical care including prevention, diagnosis, and treatment.



Services Offered

Patient Management Program

- As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program.
- The Patient Management Program provides benefits such as helping identify and manage side effects, identifying resources to help increase adherence to drug therapies and overall improvement of health.
- Limitations of the program can be self-reporting, and participation.
- If you wish to opt out of the program, please call and speak to our pharmacy staff.



Co-Pay Assistance and Payment

- Before your care begins, a staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. The cash price of your medication is available, upon request.
- If you are having issues paying for your medicine please notify the pharmacy staff. We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

Insurance Claims

- We will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue. There may be financial obligations if your health benefit plan is an out of network pharmacy, if that happens the organization will provide notice of this in writing.

Refills

- You will be contacted by a team member several days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a medication access coordinator or pharmacist to process your refill requests. If needed, we will assist you with a process to refill a prescription which would otherwise be limited by your prescription benefit plan. Examples of benefits limitations may include: vacation overrides, lost medications, therapy duplication override, quantity limits, etc.

Prescription Transfers

- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. Please call us.

Drug Substitution Protocols

- Our pharmacy will always use the most cost-efficient option for you. From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your prescriber's request.

Interpreters

- Jackson Memorial Hospital has access to language interpreters, 24 hours a day, seven days a week. Interpreter services are provided at no charge to our patients. If you need an interpreter, please notify the pharmacy.

Understanding Your Medications

- About Your Medications
- Remembering to Take Your Medications
- Requesting Refills
- Medication Disposal
- Patient Advocacy Support

About Your Medications

At Jackson Memorial Hospital, we welcome and encourage your participation in your care. The following points are brief suggestions for what you can do.

- Speak up if you have questions or concerns. If you still don't understand, ask again, you have the right to know.
- Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right healthcare professionals.
- Educate yourself about your illness. Learn about the medical tests you get and your treatment plan
- Know what medicines you take and why you take them. Medicine errors are the most common healthcare mistakes.
- Participate in all decisions about your treatment. You are the center of the healthcare team

Clinically-trained personnel are available 24 hours a day, 7 days a week including holidays and weekend. Please call the 24-hour line at 1 (888) 777-1202 if you have any questions about your medications. We are always here to answer any questions or address any concerns you may have.



Remembering to Take Your Medications

Taking your medications the way your doctor prescribed is important. Adhering to your doctor's recommendations can improve quality of life, reduce symptoms, and decrease long-term complications of the disease. Below are a few ideas of strategies to help you remember to take your medications

- Use a pill box
- Set an alarm
- Get help from friends or family
- Create a calendar and check off when you take each dose
- Keep your medicine visible
- Develop a routine

Notify your doctor or pharmacist if you are having trouble remembering to take your medicine. They may have extra tools to help simplify your medication regimen.



Requesting Refills

You will be contacted by a team member several days prior to your refill date. If you would like to contact us for a refill, you can call the pharmacy at (305) 585-3996 and use our automated line. Please have your bottles with you as it will ask for your prescription number. You can also call us and speak to any member of the pharmacy staff to process your refill requests.

In the event of an order delay, we will contact you to inform you of the delay and will assist you in obtaining the medication elsewhere if necessary.

RefillPro Application

Jackson Retail Pharmacy Services is happy to offer an app for quick and easy order of medication refills! Download the FREE Refill Pro app available from the Apple Store as well as Google Play, or Scan the QR Code below.



Web Refill Portal

Refills can also be obtained only via our Web Refill Patient Portal. The Web Refill Patient Portal is available via the Jackson Health website:

- <https://jacksonhealth.org/services/pharmacy/>
- Click “Jackson Pharmacy – Specialty Service” under “How To Refill Your Prescription” to access the pharmacy link
- Register using a prescription bottle, and the mobile phone number or email address you have on file with the pharmacy.
- Alternatively, you can go to the pharmacy directly through <https://jacksonhealth.org/location/jackson-pharmacy-specialty-services/>

Pharmacy

Pharmacy Services mission is to provide a single high standard of pharmaceutical care, education and research, accessible to all residents of Miami-Dade County. We aim to deliver a full range of pharmaceutical care including prevention, diagnosis and treatment.

How To Refill Your Prescription

Jackson Health System pharmacies are now providing the options for patients to refill their prescriptions online. Through our vendor, ScriptPro, patients can conveniently and securely refill and payoff their prescriptions. Visit the links below to access this new service.

- [Jackson Pharmacy – Jackson Memorial](#)
- [Jackson Pharmacy – Behavioral Health](#)
- [Jackson Pharmacy – North Dade](#)
- [Jackson Pharmacy – Specialty Services](#)

Pharmacy Prescription Refill – Jackson Pharmacy – Jackson Memorial

Order Prescription Refills

Register

1. Refill > 2. Shipping > 3. Billing > 4. Verify > 5. Complete

Provide a prescription number from your profile and your date of birth to register for an account.

RX #

Date of Birth

Email

- or - **Note: Email address must be on file with pharmacy.**

Mobile Phone

Note: Mobile phone # must be on file with pharmacy.

Medication Disposal

Proper Disposal of Unused Medications

For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

- Where and How to Dispose of Unused Medicines
<https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
- National Take Back Day Collection Site Locator
<https://takebackday.dea.gov/>
- DEA Public Disposal Locator
<https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>

Proper Disposal of Sharps

Place all used needles, syringes, and other sharp objects into a sharp's container. Never throw away loose needles and other sharps in trash cans or recycling bins, and never flush them down the toilet. If an FDA-cleared sharp's container is not available, all sharp disposal containers should be heavy-duty plastic, able to close with a tight-fitting puncture-proof lid, leak resistant, and properly labeled. You can also check the following websites for additional information:

- Do's and Don'ts of Safe Needle Disposal
<https://www.fda.gov/media/82389/download>
- Safe Needle Disposal. <https://safeneedledisposal.org/>
- Safe Needle Disposal Locator – Florida
<https://safeneedledisposal.org/states/florida/>

Drug Recalls

If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the FDA or drug manufacturer

Reporting Side Effects

If you are experiencing side effects to a medication, please contact your doctor or the pharmacy as soon as possible.

Patient Advocacy Support

We understand how a diagnosis and treatment can affect every aspect of your life. Listed below are a few resources dedicated to helping patients learn more about their condition and connect with support groups.

- Miami Transplant Institute Support Group
 - Day: Every 3rd Monday of the month
 - Time: 2 – 3 pm
 - Location: MTI, 7th floor conference room
- Miami-Dade HIV/Aids Partnership Support Groups
<http://aidsnet.org/community-news/support-groups/>
- JMH/UM Adult Special Immunology Education Program
 - Classes available by appointment only
 - Contact 305–243-8872
- National Comprehensive Cancer Network Advocacy & Support Groups <https://www.nccn.org/patients/advocacy/default.aspx>
- American Liver Foundation Hepatitis C Support:
<https://liverfoundation.org/for-patients/about-the-liver/diseases-of-the-liver/hepatitis-c/support-for-patients-with-hepatitis-c/>
- MS Patient Support Programs:
http://www.mscurfund.org/patient_support_programs
- Arthritis Foundation Help Line: 1-844-571-4357
- Crohn’s and Colitis Foundation Community:
<https://www.crohnscolitiscommunity.org/>
- Cystic Fibrosis Foundation: <https://www.cff.org/>
- National Psoriasis Foundation Support Community:
<https://www.psoriasis.org/talk-psoriasis>

Your Health And Safety

- Prevention of Infection
- Home Safety
- Emergency Preparedness

Prevention of Infection

Hand Washing

Hand washing is the most important way to prevent infections. Clean your hands and remind others to clean their hands.

Be sure to wash your hands each time you:

- Cough
- Sneeze
- Blowing your nose
- Before you eat
- Touch any blood or body fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

Here's how you should clean your hands with soap and water:

- Wet your hands and wrists with warm water.
- Use soap. Work up a good lather and rub hard for 15 seconds or longer.
- Rinse your hands well.
- Dry your hands well.
- Use a clean paper towel to turn off the water. Throw the paper towel away.

Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):

- For gel product use one application.
- For foam product use a golf-ball size amount.
- Apply product to the palm of your hand. Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.

Preventing Spread of Respiratory Infections

Cover your mouth and nose when sneezing or coughing by using tissues or the bend of your elbow. Both tissues and masks are available upon request. Please use these if you have a runny nose and/or are sneezing or coughing. Please remember to wash your hands, especially after you sneeze, cough or use a tissue.

Home Safety

Medication Storage

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.
- Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

Preventing Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Install good lighting

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra caution to prevent slips and falls.

- Avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the locked position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles, soft and uneven surfaces.

Fire Safety

Pre-plan and practice your fire escape. Look for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first
- Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Electrical Safety

Watch for early warning signs; overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Do not overload outlets with too many plugs.

Emergency Preparedness

Jackson Pharmacy – Specialty Services has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or FedEx next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number.

If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.



Billing and Payment

- Insurance Claims
- Copayments
- Billing Cycles
- Patient Assistance Program
- Medicare Part B

Insurance Claims

Jackson Pharmacy – Specialty Services will submit claims through your insurance provider on the date your prescription is filled. However, if a claim is rejected, a pharmacy staff member will contact you

Copayments

You might be required to pay a portion of your medication cost known as copayment. This is the patient responsibility and an attempt to collect will be made at the time of pickup or delivery.

- We accept cash, check or credit card (Visa, MasterCard, American Express, Discover, and Flexible Spending Account FSA) as a method of payment.
- We provide flexibility of payment and will arrange billing options to meet your needs

Billing Cycles

A monthly statement will be billed to your residence for any outstanding balance. If arrangement of payment is needed, please contact our Billing Team via phone or email. We are available Monday through Friday 10:00AM – 4:00 PM EST

- Phone: 305-355-5801
- Email: JHSPharmacyBilling@jhsmiami.org



Charge Accounts

Jackson Pharmacy Solutions offers the ability to pay your outstanding Charge Account balance securely via our web services by simply entering this URL in your web browser:

<https://jacksonhealth.org/services/pharmacy/>

(You must register to the portal before. Charge accounts balance will populate upon refilling your prescription)

Patient Assistance Program

If you are having issues paying for your medicine please notify the pharmacy staff. We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

Medicare Part B

If you are a Medicare beneficiary, Medicare Part B is part of your Original Medicare benefits and covers your medical, not pharmacy, outpatient benefits. However, some of your drug benefit needs fall under Medicare Part B coverage. These medications include nebulizer solutions, transplant medications, oral cancer medications, immune globulin, infusion pumps and supplies. There are a few important things to know about medications covered under your Medicare Part B benefits. You will be responsible for the standard portion of the cost that Medicare would charge patients (usually 20% of cost). Medicare requires a form that allows Jackson Pharmacy – Specialty Services to bill for the Medicare Part B medications.



Rights & Responsibilities

- Patient Rights
- Patient Responsibilities
- Notice of Privacy Practices

Your Rights and Responsibilities

Patient Rights

As our patient, you have the right to:

- Express concerns, grievances or recommend modifications to your pharmacy in regard to services or care, without fear of discrimination or reprisal
- Receive information about product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- Confidentiality and privacy, within the limits of the law, of Protected Health Information (PHI) contained in the patient record;
- Receive information on how to access support from consumer advocates groups
- Receive information to assist in interactions with the organization
- Receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another.
- Receive pharmacy health and safety information to include consumers rights and responsibilities
- Request and receive complete and evidence-based information relative to your condition, treatment, alternative treatments, risk of treatment or care plan
- Know the philosophy and characteristics of the patient management program
- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary.
- Receive information about the patient management program
- Receive administrative information regarding changes in or termination from the patient management program
- To decline participation, revoke consent or disenroll from the patient management program at any point in time

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- 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 client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient Responsibilities

As our patient, you have the Responsibility

- To notify your physician and the pharmacy of any side effects and/or complications
- 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 program of changes in this information
- To notify their treating provider of their participation in the patient management program, if applicable
- To maintain any equipment provided

- To notify the pharmacy of any concerns about the care or services provided.
- To participate in the development and updating of a plan of care

Procedure to Report Complaints

We want you to be completely satisfied with the care we provide. If you or your caregiver have any issues, please contact the pharmacy directly and speak to one of our staff members. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern within 5 business days. If you feel that your complaint has not been resolved, you or your family member should contact the Jackson Memorial Hospital Guest Services Office at 305-585-7341.

Florida Board of Pharmacy

- Website: <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/consumer-services.html>
- Email Address: MQA.ConsumerServices@flhealth.gov
- For further information you may contact (888) 419-3456 or (850)414-1976

URAC Complaint Info

- Website: <https://www.urac.org/contact/file-a-grievance/>
- Email Address: grievances@urac.org

ACHC Complaint Info

- Website: <https://www.achc.org/complaint-policy-process/>
- For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department

If you have a complaint against a hospital or ambulatory center and wish to file a grievance: please contact hospital's or center's administration or you may call:

The Consumer Assistance Unit
1-888-419-3456 (press 1) or write to this address:

Agency for Healthcare Administration
Consumer Assistance Unit
2727 Mahan Drive, Building 1
Tallahassee, Florida 32308

Or, you may choose to report it to The Joint Commission. The Joint Commission conducts accreditation surveys of organizations to determine their compliance with the nationally established standards.

These standards deal with an organization's quality, safety-of-care issues and the safety of the environment where the care is provided. You may contact them by e-mail, complaint@jointcommission.org

Or by fax, 1-630-792-5363 or write to:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60282

If you have a complaint against a healthcare professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (press 2) or write to this address:

Agency for Healthcare Administration
Consumer Services Unit
P.O. Box 14000
Tallahassee, Florida 32317-4000

Notice of Nondiscrimination

If you have a complaint against a hospital or ambulatory center and wish to file a grievance: please contact hospital's or center's administration or you may call: Jackson Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Jackson Health System does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Jackson Health System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact our ADA, 504, and Title VI Coordinator.

If you believe that Jackson Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

ADA, 504, and Title VI Coordinator
Jackson Medical Towers, Suite 106W
1500 N.W. 12th Avenue
Miami FL 33136
305-585-7268, 305-355-8066 (TTY), 305-355-2361 (fax)
LaborRelations@jhs-miami.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our ADA, 504, and Title VI Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

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.

This notice describes the type of information we, at Jackson Health System, gather about you, who we may share your information with, how we may use your information and how we protect your information. If you have any questions about this notice, please contact our chief privacy officer at the address and telephone number listed at the end of this notice.

Who Will Follow This Notice

This notice describes Jackson Health System's practices regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your hospital chart or medical record.
- All departments, units, clinics, doctor's offices and other locations operated by Jackson Health System.
- Any member of a volunteer group and any individual volunteer allowed to help you while you are in the hospital or at another Jackson Health System facility.
- All employees, staff and other personnel who may need access to your information. As an academic health center, patients at Jackson Health System may receive care from health care providers who are employees, residents and/or students of an academic institution, such as the University of Miami or Florida International University. The privacy practices of these individuals are outlined in the notice of privacy practices of the universities they are affiliated with and may be different from the privacy practices that we use at Jackson Health System.
- All Jackson Health System entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care purposes described in this notice.

Our Pledge Regarding Medical Information

We understand that your medical information and your health are personal. Protecting your medical information is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice protects medical information created or received by Jackson Health System that identifies you or information that could be used to identify you. The protected information is related to your health condition, the health care services you receive from us and payment information. This notice will tell you about the ways we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Ensure that medical information that identifies you is kept private in accordance with the law.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

How We May Use And Disclose Your Medical Information

The following categories describe different ways that we may use and disclose medical information. Not every use or disclosure permitted in a category is listed below, but the categories provide examples of the uses and disclosures permitted by law.

For Treatment. We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, training doctors and other health care professionals who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so they can arrange for appropriate meals. Different health care professionals also may share your medical information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside of the health system who may be involved in your medical care after you leave one of our facilities or that provide services that are part of your care.

For Payment. We may use and disclose your medical information so that the treatment and services you receive may be billed to and collected from you, an insurance company or a third party. For example, your insurance provider may need information about surgery you received so they can pay us or reimburse you for the procedure. We may also use and disclose your medical information to obtain prior approval regarding payment from your insurance

provider or to determine whether your insurance provider will cover the treatment.

For Health Care Purposes. We may use and disclose your medical information for health care operations. This is necessary to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff. We may also disclose information to doctors, nurses, technicians, training doctors, medical students and other hospital personnel for review and learning purposes. We may remove information that identifies you from your medical information so others may use it to study health care and health care delivery without learning who the specific patient is.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Business Associates. We may disclose your medical information to our business associates to carry out treatment, payment or health care operations. For example, we may disclose your medical information to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for services we provide.

Research. Under certain circumstances, we may use and disclose your medical information for research purposes. Before any research takes place at the hospital, we make sure that an outside ethics committee called the IRB has approved it. In addition, there is an internal review process at the hospital that considers each study in order to protect the study patients treated here. Both the outside ethics committee and internal review process consider it very important to keep your medical information secure. Generally, we would only share your medical information when you have given us your permission to do so. You may give us permission when signing an informed consent form before taking part in a research study. In addition to describing the medical procedures that will take place, the informed consent form may also state that the hospital may use or disclose your medical information for research. You would then have the ability to confirm or deny the hospital's use of your information. In some cases, we will share your medical information without your permission if the outside ethics committee and our internal review process confirm that the research presents very little risk to the security of your medical information. All in all, our internal review process will carefully

examine any request for your medical information in the context of research and only allow for disclosure after the proper precautions are met.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of another person. Any disclosure, however, would only be to a person or a required government authority able to help prevent the threat.

Fundraising Activities. We may use limited information about you in an effort to raise money for Jackson Health System and its operations. We may disclose this information to a foundation related to the health system so that the foundation may raise money for the system. We are permitted to disclose your name, contact information, and date of treatment for fundraising purposes. If you do not want Jackson Health System to share your information for fundraising or contact you, you must notify our chief privacy officer in writing at the address at the end of this notice.

Special Circumstances

Alcohol, Drug Abuse and Psychiatric Treatment Information. This information may have special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse or psychiatric treatment unless: (1) the patient, or his or her legal representative, consents in writing;(2) a court order requires disclosure of the information;(3) medical personnel need the information in a medical emergency;(4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation;(5) it is necessary to report a crime or a threat to commit a crime; or (6) to report suspected abuse or neglect as required by law.

Organ and Tissue Donation. We may disclose your medical information to organizations engaged in the procurement, banking and transplantation of organs for the purpose of organ and tissue donation and transplant. If you are an organ donor, we may release medical information to organizations that handle organ procurement and organ, eye and tissue transplantation, as well as an organ donation bank, as necessary to facilitate organ and tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your medical information for workers' compensation and similar programs. These programs provide benefits for work-related injuries and illnesses.

Public Health Risks. We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose your medical information to a health oversight agency for activities authorized by law. For example, health oversight activities include audits, investigations, inspections and licensure. These activities are necessary in order for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose your medical information in response to a subpoena, discovery request or other lawful court order.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law. For example, we may disclose medical information about you to comply with laws that require the reporting of certain kinds of wounds or other physical injuries.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Protective Services for the President, National Security and Intelligence Activities. We may release your medical information to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state; conduct special investigations; or for intelligence, counterintelligence and other national security activities authorized by law.

Emergency Circumstances and Disaster Relief. We may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition. Even if

you object, we may still share your medical information, if necessary, for the emergency circumstances.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

You May Object To Certain Uses And Disclosures Of Your Medical Information

Unless you object in writing, we may use or disclose your medical information in the following circumstances:

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care. We may release your medical information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort or other public information provider, so that your family can be notified about your condition, status and location.

Your Rights

You have the following rights regarding your medical information:

Right to Inspect and Copy. You have the right to inspect and request an electronic or paper copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our chief privacy officer at the address at the end of this notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Jackson Health System will review your request and the denial. 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. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our chief privacy officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by Jackson Health System.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received information about you and who need the amendment.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures we have made of your medical information. Exceptions to this list include disclosures made for your treatment, billing and collection of payment for your treatment, health care operations made to or requested by you, or that you authorized, occurring as a byproduct of permitted uses and disclosures, made to individuals involved in your care, or for other purposes described in the above subsections. To request an accounting of disclosures, you must submit your request in writing to our chief privacy officer. You must state the time period, which may not be longer than six (6) years and may not include dates before April 13, 2003. The first accounting request within a twelve- (12) month period will be free of charge. We may charge you for the costs of providing additional accounting. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You have the right to request to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket, in full, for the healthcare item or service. We will agree to that request unless a law requires us to share that information. To request restrictions, you must make your request in writing to our chief privacy officer at the address at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request How We Communicate With You. You have the right to request how we communicate with you about medical matters. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our chief privacy officer. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Be Notified of Breach. We will notify you if we discover a breach of your unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain an electronic copy of this notice on our website at www.JacksonHealth.org. To obtain a paper copy of this notice, please request one in writing from our chief privacy officer at the address at the end of this notice.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the updated or changed notice effective for medical information we already have about you as well as any information we receive in the future. When we change the notice, we will post an announcement that the notice has been changed and post a copy of the updated notice. This notice contains the effective date and revised date.

Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter; we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Contacting Us

If you have any questions or wish to make a request for an amendment, please contact: Chief Privacy Officer 1500 N.W. 12th Avenue, Suite 102 Miami, Florida 33136 305-585-2902

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Jackson Health System or with the U.S. Government at: U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with Jackson Health System, or to obtain the address and phone number of the Office for Civil Rights, please contact our chief privacy officer at the address and phone number listed below. Complaints can be submitted in writing. Chief Privacy Officer 1500 N.W. 12th Avenue, Suite 102 Miami, Florida 33136 305-585-2902 You may report privacy concerns anonymously by calling our toll-free, secure hotline: 1-800-684-6457.

You will not be penalized or retaliated against in any way for filing a complaint.

(Revised: June 2018)

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.

16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

The products and/or services provided to you by Jackson Pharmacy Solutions are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.



Contact
Us

Contact Us

**Location:**

901 NW 17th Street, Suite O
Miami, FL 33136

**Phone:** (305) 585-3996**24/7 Toll Free Line:** 1 (888) 777 – 1202**Fax:** (305) 585-3995**Email Address:** JPS@jhsmiami.org**Hours of Operation:**

Monday to Friday 8:00 am – 8:00 pm

Saturday 8:00 am – 4:00 pm

Sunday Closed

**Holiday Schedule:**

The pharmacy is closed during the following holidays

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Jackson Pharmacy – Specialty Services

901 NW 17th Street, Unit D
Miami, FL 33136
Main Phone Line (305) 585-3996

Customer Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Statement to Permit Payment of Medicare Benefits to Jackson Pharmacy – Specialty Services

I request that payment of authorized Medicare benefits be made on my behalf to Jackson Pharmacy – Specialty Services for any services provided to me by them. I authorize the Pharmacy to release any medical information about me to the Centers for Medicare & Medicaid Services and its agents that is needed to determine these benefits or the benefits payable for related services.

By signing below I also acknowledge that I received [HIPAA, Patient's Right's & Responsibilities etc.]

Customer Name (print): _____ DOB: _____

Signature: _____ Date: _____

Medicare Number: _____

(Found on your Red, White & Blue Medicare A/B card. Include any letters that come before, or after your number)

Items/Services to be billed to Medicare B (Check one condition per form)

- Transplant Medications
- Nebulizer solutions/supplies
- Oral Cancer Medications
- Insulin (administered via pump only)
- Infusion pump/supplies
- Immune Globulin (intravenous)
- Immune Globulin (subcutaneous)
- Diabetic testing supplies

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Patient Satisfaction Survey Retail Pharmacy Services

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

Please rate how satisfied you are with the following:

1. The level of service you received from the pharmacist or pharmacy staff

- 5 - Very satisfied 4 - Satisfied 3 - Neither satisfied nor dissatisfied
 2 - Dissatisfied 1 - Very dissatisfied

2. The ease of filling your prescription with us

- 5 - Very satisfied 4 - Satisfied 3 - Neither satisfied nor dissatisfied
 2 - Dissatisfied 1 - Very dissatisfied

3. The timeliness of filling/receiving your prescription

- 5 - Very satisfied 4 - Satisfied 3 - Neither satisfied nor dissatisfied
 2 - Dissatisfied 1 - Very dissatisfied

4. The way your questions were answered by the pharmacy staff.

- 5 - Very satisfied 4 - Satisfied 3 - Neither satisfied nor dissatisfied
 2 - Dissatisfied 1 - Very dissatisfied 0 - Not Applicable

5. The assistance you received from the billing, insurance, and/or patient assistance specialists

- 5 - Very satisfied 4 - Satisfied 3 - Neither satisfied nor dissatisfied
 2 - Dissatisfied 1 - Very dissatisfied 0 - Not Applicable

6. Your overall experience with the pharmacy

- 5 - Very satisfied 4 - Satisfied 3 - Neither satisfied nor dissatisfied
 2 - Dissatisfied 1 - Very dissatisfied

7. How likely are you to recommend using Jackson's Outpatient Pharmacy services to friends and family?

- 5 - Very likely 4 - Likely 3 - Neither likely or unlikely
 2 - Unlikely 1 - Very unlikely

Do you have any other comments, questions, or concerns?

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Jackson Pharmacy Solutions Recurring Credit Card Payment Authorization

- I _____ authorize Jackson Pharmacy Solutions to store my card on file, and charge my card for Pharmacy Prescription Copays, not to exceed a total value of \$100.00 per order.
- A receipt for each transaction will be provided. The charge will appear on your card statement as **Jackson Specialty Miami**.
- I agree no prior-notification will be required unless the amount exceeds a total value of \$100.00.

Cardholder name (as shown on card): _____

Patient name (if different from cardholder): _____

Credit Card Number: _____

Credit card type: MasterCard Discover Visa AMEX FSA/HSA

Expiration Date (MM/YY): _____ CVV: _____

Cardholder zip code: _____

If card is declined, it could delay delivery of your medication. As long as the transactions correspond to the terms and conditions indicated in this authorization, I shall not raise disputes against the Company.

I understand I may cancel or terminate the authorization at any time by contacting Jackson Pharmacy Solutions Billing.

Email approval

Verbal approval

Effective Date: _____

Signature: _____

Today's date: _____

Jackson Pharmacy Solutions Billing 305-355-5801 or JHSParmacybilling@jhsMiami.org

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Jackson Pharmacy

Specialty Services