

Dartmouth-Hitchcock Specialty Pharmacy

Providing personalized care to our D-H community

Dartmouth-Hitchcock Specialty Pharmacy

Contact us

Email: OP-Specialty@hitchcock.org

Phone: (603) 653-3737

Toll Free Phone: (855) 280-3893

Toll Free Fax: (866) 583-3730

Website: <http://www.dartmouth-hitchcock.org/at-hospital/specialty-pharmacy.html>

Hours

Monday – Friday

8:00 am to 4:30 pm

A licensed pharmacist is available 24 hours a day, 7 days a week.

For after-hours care, please call (855) 280-3893

Prescriptions are available for pick-up

at the main pharmacy:

Monday – Friday, 7 am to 7 pm

Saturdays, 8 am to 4 pm

D-H Specialty Pharmacy is closed on the observed days for the following holidays:

A pharmacist is still available for emergencies, please call (855) 280-3893

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

Welcome to the Dartmouth-Hitchcock Specialty Pharmacy. We are excited to serve you and your pharmacy needs.

Our pharmacy is located on the third floor of the Dartmouth-Hitchcock main campus at One Medical Center Drive in Lebanon, NH. We are a patient-oriented pharmacy bringing personalized 24/7 customer support to people with complex medical conditions such as cancer, hepatitis and infertility. We provide you with resources such as:

- Access to our specialty pharmacists 24 hours a day, 7 days a week
- Understanding your benefits and copay responsibilities, including personalized copay assistance
- Refill reminders for your maintenance medications
- Free mail order delivery in confidential packing via USPS or FedEx (overnight shipping available)
- A customized care plan. Our pharmacists communicate directly with your D-H provider to develop a care plan to meet your specific needs

The Dartmouth-Hitchcock Specialty Pharmacy strives to improve the quality and affordability of health care for the population we serve. Our pharmacists are specially trained to provide patients with an outstanding pharmacy experience.

Thank you for choosing the D-H Specialty Pharmacy. We look forward to being your specialty pharmacy resource.

Sincerely,

Dartmouth-Hitchcock Specialty Pharmacy Team

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What is a Specialty Pharmacy?

A specialty pharmacy provides medications to treat complex medical conditions and other resources for the patient. These medications are often expensive, require patient education and are not available through most local pharmacies. A specialty pharmacy has clinically-trained pharmacists who can educate you about storage conditions, handling and how best to take your medications. The staff at the D-H Pharmacy will provide you with a plan of care to help you manage your prescriptions.

Areas of Care

Allergic Asthma (Allergy and Asthma Association of America)	1-800-727-8462
Ankylosing Spondylitis (Spondylitis Association of America)	1-800-777-8189
Cancer (American Cancer Society)	1-800-227-2345
Cystic Fibrosis (American Lung Association)	1-800-586-4872
Hepatitis C (American Liver Foundation)	1-800-465-4837
Hyperlipidemia (FH Foundation)	1-844-434-6334
Infertility (American Society for Reproductive Medicine)	1-205-978-5000
Inflammatory Bowel Disease (Crohn's & Colitis Foundation of America)	1-800-932-2423
Juvenile Arthritis (Arthritis Foundation)	1-844-571-4357
Multiple Sclerosis (Multiple Sclerosis Association of America)	1-800-532-7667
Neutropenia (The Severe Chronic Neutropenia International Registry)	1-800-726-4463
Psoriasis (National Psoriasis Foundation)	1-800-723-9166
Psoriatic Arthritis (Arthritis Foundation)	1-844-571-4357
Pulmonary Hypertension (Pulmonary Hypertension Association)	1-800-748-7274
Rheumatoid Arthritis (Arthritis Foundation)	1-844-571-4357

Prescription Services

Frequently Used Insurance Terms

All prescription insurance companies have different kinds of plans. To help you understand your benefits, here are some common terms and their meanings:

Refill-too-soon: You are trying to refill a prescription sooner than your insurance company approves. Most insurance companies allow you to refill a prescription once a certain amount of your medication is used. This is based off the anticipated amount of days your supply should last. If your dose has increased or you are going on vacation, please contact the pharmacy immediately at (855) 280-3893.

Quantity Limits: Your provider has written for a certain amount of medication, but it is more than your insurance will cover. This can be limited to tablets per day or by how many months of medication you can receive at a time. Pharmacy staff will explain this and work with you to answer any questions or concerns.

Step Therapy: Your insurance plan wants you to try other less expensive medicines, or “steps”, before they will pay for the prescribed medication.

Prior Authorization: The medication being prescribed is not covered by your plan without supporting information such as medications tried and failed. The D-H Specialty Pharmacy will work with your provider’s office to get this authorization, and we will keep you updated throughout the process.

Copayment: Depending on your insurance plan it is either a fixed or variable payment for a covered service made each time you receive this service. An example of such a service is filling a prescription.

In-Network Pharmacy: A pharmacy that contracts with an insurance plan to offer covered services at a lower rate to members of that insurance plan.

We will contact you if any prescription filled at the D-H Specialty Pharmacy has limitations from your insurance company.

New Prescriptions

To qualify for our program, you need to have a prescription for a specialty medication. This prescription may be given to us by your provider, through a transfer from an outside pharmacy or, you can bring in a paper prescription. After we get your prescription, we will work with your insurance company to determine the timeline for processing (managing prior authorizations, step therapy, etc.), co-pays and any out-of-pocket expenses.

We will contact you to discuss insurance requirements, shipping options, prescription costs, provide drug information, and answer any questions you may have.

Unless otherwise indicated, all prescriptions will be filled with an FDA-approved generic when available.

Financial Services

We work with your insurance company and provider's office to help determine your out-of-pocket prescription costs, deductibles, co-pays and co-insurance totals. We also help you and your provider to get prior authorizations and resolve prescription coverage denials.

The D-H Specialty Pharmacy will bill your insurance company for you. Please note that you may still have to pay a portion of the cost—also called a copayment.

If your medication is filled at the D-H Pharmacy we will provide you with a written receipt of the cost of your medication (copayment). If we are not an in-network pharmacy with your insurance plan this information will help you decide the most cost effective pharmacy from which to fill. You will be responsible for paying your copayment when you order your medication or refills. Our staff will tell you the exact copay before shipping your medication.

We use all available resources (manufacturer co-pay assistance cards, patient assistance funds, etc.) to reduce your co-pay charges and make sure your medications are as affordable as possible. Should you need additional resources, we work with the Dartmouth-Hitchcock Office of Care Management to provide financial assistance.

Shipping Information

Your refrigerated medications will be shipped overnight at no charge via FedEx. All non-refrigerated medications are shipped via USPS or FedEx. We will contact you before shipping medications to confirm the shipping address and out of pocket expense. Please return our call as soon as possible to avoid delays. After we have confirmed your order we will fill your prescription within one day. Tracking numbers are available upon request. **NOTE: The D-H Pharmacy will not ship any medication without your direct permission.**

Should there be a delay in filling of your prescription, we will notify you to try and prevent interruptions in therapy. If our pharmacy is unable to provide your medication, we will help you get your medication from another pharmacy.

Please open your order and review the contents immediately after you receive them to ensure your order is correct and complete. We encourage you to store your medication in the proper way as soon as possible. Please contact the D-H Pharmacy at (855) 280-3893 within one business day to report missing or damaged contents.

Refills

Our pharmacists will contact you monthly to schedule refills. Should you have a therapy change or need an early refill, please contact the pharmacy at (855) 280-3893 and ask to speak to a Specialty Pharmacy employee.

****In order to ship prescriptions the same day, you need to submit a refill by 1pm EST.**

Questions about Your Order?

To check your order status, contact the pharmacy at (855) 280-3893. For after-hours questions please follow the prompts to speak with a member of our specialty staff. D-H Pharmacy offers a mobile app (available for I-Phone and Android devices) which gives you quick access to the following electronic services:

- text or email notification when a prescription is ready
- ability to refill a prescription
- reminders to refill a prescription
- reminders to take your dose

Please view the instruction sheet supplied in this packet.

If your order is delayed due to events such as weather, poor drug availability or insurance coverage changes, the D-H Pharmacy will contact you to ensure that you have no interruptions in therapy.

Due to rules set forth by the New Hampshire Board of Pharmacy, we are unable to take back medication once it has left the pharmacy. We will do everything possible to make sure your order is correct before leaving the pharmacy. If receiving your prescription via mail order, please open your order and review the contents immediately to ensure your order is accurate and complete.

It is your responsibility to contact the D-H Pharmacy at (855) 280-3893 within one business day to report missing or damaged contents.

Prescription Transfers

If you are currently filling your specialty medications at another specialty pharmacy and you would like to transfer your care to the D-H Specialty Pharmacy, please call us at (855) 280-3893 and provide the name and number of the other pharmacy. Our staff will transfer in the prescription and contact you when it is ready. We can also provide your other maintenance medications should you prefer to fill at D-H Pharmacy. Please ask a member of our staff for assistance.

We may not be able to fill your specialty medication because some insurance plans may require you to fill your prescription at another pharmacy, or because we cannot acquire the medication. When this happens, we will notify you and work with your provider to transfer the prescription(s) to the correct pharmacy.

Feedback

Thank you for taking the time to review all the services D-H specialty is able to offer. We welcome all feedback and are always working to improve your experience. If you are interested in enrolling in our mail order service, completing a satisfaction survey or customer complaint form, or assigning a personal representative to your account, please complete the form at the end of this document and return in the prepaid envelope.

Clinical Management

When we receive your prescription one of our pharmacists will contact you to review:

- How your medication works
- How to take your medication
- Potential interactions with other medications
- Storage
- Side effect monitoring
- When to schedule lab work
- When to contact your provider
- Safe drug disposal

Our pharmacists will contact you monthly to:

- Review your medication
- Assess side effects
- Discuss any questions you may have
- Schedule your next refill
- Confirm medication delivery

Our personalized clinical services are here to help:

- Manage your medications
- Ensure that you are taking your medications as prescribed
- Ensure that you are getting correct lab work
- Pay attention to side effects
- Connect with your provider
- Learn about your medications
- Review how you are taking your medication

Each person's therapy is different. The D-H Specialty Pharmacy is able to tailor a care plan that meets your specific needs. Our specialty pharmacist will contact you to discuss services upon receiving your prescription. All discussions between you and the pharmacist are recorded in your medical record and made available to your provider.

We realize that your medical care may involve multiple providers and facilities. At the request of you or your provider, we are able to share your care plan.

If you do not want to receive Clinical Management phone calls, please contact the Dartmouth-Hitchcock Pharmacy at (855) 280-3893 and ask to opt out.



Limitations

We will need your help so that we can help you. You must be willing to actively participate in our program for access to the health care benefits provided by our specialty pharmacy team. This includes responding to our outreach calls, and providing updates about your health. You need to be willing to take your medication on time and as instructed in order for it to work properly. Consultations with a pharmacist do not replace appointments with your provider.

Education

It is important to understand your medical condition and the medication used to treat it. We provide the following educational resources:

- Pharmacists available to answer your questions in person Monday through Friday, 8:00 am to 4:30 pm
- 24/7 pharmacist for emergent needs, available by calling (855) 280-3893



Emergency Information

If you experience a medical emergency, please call 911 immediately.

If you experience suicidal thoughts, please contact the National Suicide Prevention Lifeline at (800) 273-8255. They offer free and confidential emotional support 24 hours a day, 7 days a week.

If you or a loved one require support for drug abuse or addiction, please contact the National Substance Abuse and Mental Health Services Administration at (800) 662-4357 and they will refer you to local treatment facility, support group, or community-based organization.

If you are experiencing a non-emergent drug reaction please call our specialty pharmacist at (855) 280-3893. They are available 24/7 to address your concerns and report them to your prescriber if necessary.

In the event of a natural disaster or other emergency that might require you to leave your home, take at least one week's worth of medication with you and inform the pharmacy of your location and contact information. Should a natural disaster impact shipping to your area (i.e., a blizzard, ice storm, hurricane), the pharmacy will contact you to ship medication early or will order your medication locally to avoid disruptions in therapy. If you think you will be impacted by a natural disaster, contact the pharmacy at (855) 280-3893 to discuss your prescription needs.

In the event of a drug recall you will receive a call from a pharmacist to discuss a quick and safe resolution.

Patient Safety

Adverse drug reactions

Patients experiencing adverse drug reactions, acute medical symptoms, or other problems should contact their primary care provider (PCP), local emergency room, or 911.

How to throw away home-generated biomedical waste

Home-generated biomedical waste is any type of syringe, lancet or needle (“sharps”) used in the home to either inject medication or draw blood. Special care must be taken with the disposal of these items to protect you and others from injury and to keep the environment clean and safe. If your therapy involves the use of needles, an appropriately sized sharps container will be provided. Please follow these simple rules outlined below to ensure your safety during your therapy.

Sharps

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than 3/4 full to reduce the risk of accidental needle “sticks”.

Disposal

Check with your local waste collection service to learn about how to dispose of sharps containers in your area. You can ask your prescriber’s office about the possibility of disposing of items in the prescriber’s office during your next office visit.

If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

1. Remove them from their original containers and mix them with an undesirable substance such as: used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
2. Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.

- When disposing of medications scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give your medicine to friends. Doctors prescribe medicines based on your specific symptoms and medical history. Something that works for you could be dangerous for someone else.
- When in doubt about proper disposal, ask your pharmacist.

For more information, please visit the United States Food and Drug Administration website.

Needle-stick safety

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

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

Hand-washing instructions

Infections can cause serious complications to your treatment. The best way to reduce your risk for an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

Follow the five steps below to wash your hands the right way every time.

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

If no water supply is available, use an alcohol-based antibacterial hand cleanser such as Purell®.

Patient Information on Emergency Preparedness

General home safety — patient education

Each year nearly 21 million family members suffer injuries in the home. Here are some suggestions that could help you prevent an injury within your home. Check every room in your house to make your home is safe from the following:

Falling (The most common injury in homes)

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

Poisoning

1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial 1-800-222-1222.

Fire and burn prevention

1. Have smoke detectors in every level of your home, and replace batteries at least once per year.
2. Test each smoke detector once a month, if not working check the batteries.
3. Have a fire plan and be sure all family members know what to do if there's a fire.
4. Place covers over electrical outlets.
5. Keep children away from the stove and never leave the stove unattended while cooking.
6. Keep matches and lighters out of the reach of children.

Fire

1. Remember to GET OUT, STAY OUT and CALL 9-1-1 or your local emergency phone number.
2. Yell "Fire!" several times and go outside right away. If you live in a building with elevators, use the stairs. Leave all your things where they are and save yourself.
3. If closed doors or handles are warm or smoke blocks your primary escape route, use your second way out. Never open doors that are warm to the touch.
4. If you must escape through smoke, get low and go under the smoke to your exit. Close doors behind you.
5. If smoke, heat or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or 9-1-1. Open a window and wave a brightly colored cloth or flashlight to signal for help.
6. Once you are outside, go to your meeting place and then send one person to call the fire department. If you cannot get to your meeting place, follow your family emergency communication plan.



Natural disasters (earthquake, hurricane and tornado):

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

Power outage

1. Notify your gas and electric companies if there is a loss of power. Report any special needs for a back-up generator to the electric and gas companies.
2. Have a transistor radio, flashlights, batteries and/or candles available. (If on oxygen, turn it off before lighting candles).
3. To prevent carbon monoxide poisoning, use generators, pressure washers, grills, and similar items outdoors only.
4. If the power is out longer than two hours, throw away food that has a temperature higher than 40°F.
5. Check with local authorities to make sure your water is safe.
6. In hot weather, stay cool by drinking plenty of fluids to prevent heat-related illness.
7. In cold weather, wear layers of clothing which help to keep in body heat.
8. Avoid downed power lines, if a power line falls on your car, you should stay inside the vehicle.

Flood

1. In flood-prone areas, store extra food and extra bottled water.
2. Have a transistor radio, flashlights and batteries available. Get a pipe wrench to shut off valves for gas and water. Report any special needs for a back-up generator to the electric and gas companies.
3. Unplug your infusion pump unless the IV pole is touching water.
4. Evacuate the area.
5. Contact the local law enforcement, civil defense and/or emergency preparedness.

For more information, please visit the Centers for Disease Control and Prevention and American Red Cross websites.

Patient Bill of Rights and Responsibilities

Your Rights as a Patient at Dartmouth-Hitchcock

We strive to preserve your rights as an individual. We also ask that you and your visitors be considerate of the rights of others.

You Have the Right to:

- Be treated with respect and dignity. This includes being called by the name you choose, and to feel safe while in the hospital.
 - Your cultural background, spiritual and personal values, beliefs, and preferences should be respected.
 - You and the visitors that you choose will not be discriminated against based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.
- Have your own physician and the person of your choice notified of your admission to the hospital.
 - The person of your choice can be with you for emotional support during your hospital stay, as long as it does not interfere with the rights and safety of others or your agreed upon plan of care.
- Know the names of the doctors and staff on your care team. We encourage you to ask them any questions you might have.
 - You should expect a reasonable response to your questions and requests for help.
- Know about your diagnosis or illness so that you can take part in the planning of your care and treatment, understand your options and know how decisions will affect your health and well-being.
 - You may request to talk with different doctors about procedures, tests and the results, as well as the medical outlook for your future.
 - You may say “no” to any care, tests or treatments, to the extent permitted by law.
 - You are encouraged to complete Advance Directives which tell your care team the care you want, how you want to be treated and whom you want to make decisions for you if you cannot speak for yourself.
 - You have the right to receive information in a manner you will understand and to have the person of your choice involved in making decisions, as you request.
- Minimize your pain as much as possible during your hospital stay, during a test, or during a treatment.

- You, your family, the doctors, nurses, and other hospital staff will help you to make and understand a plan to manage your pain.
 - We will check with you about how you are feeling and change the plan to manage your pain as much as possible.
- Be free from restraints or seclusion unless they are necessary to ensure physical safety, and if no less restrictive intervention is possible.
- Reasonable privacy.
 - You may expect to talk with your doctors, nurses, social workers, or other healthcare professionals in private, and know that the information you give will be shared only with those people who need it to do their job.
- Know the information in your medical record.
 - Your medical records are private. You may look at your records and get a copy for a reasonable fee.
 - Certain conditions, such as cancer, cases of some infectious diseases, work-related contact with poisons or other dangerous materials, and cases of child abuse, must be reported, even without your permission. In some cases involving concern about the care you receive, the medical center may disclose information in medical records to its own lawyers and agents.
- Receive written notice of how your health information will be used and shared in order for you to receive the highest quality of care. This is called our Privacy Notice and it contains patient rights and our legal duties regarding your health information. You may request a copy of this Privacy Notice from any staff member.
- Know about 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 care professional.
- Receive information about the patient management program.
- Receive administrative information regarding changes in, or termination of, the patient management program
- Decline participation, revoke consent, or dis-enroll at any point in time.

- **Submit any forms that are necessary to participate in the program, to the extent required by law.**
- **Give accurate clinical and contact information, and to notify the patient management program of changes in this information and notify their treating provider of their participation in the patient management program, if applicable.**
- **Speak with any member of your healthcare team, Patient and Family Relations ((603) 650-4429) or specially trained volunteers called Patient Voices Volunteers if you are unhappy with your care. Your care will not be affected in any way.**
 - We will make every effort to resolve your concern. If this cannot be resolved in a timely manner it will become a grievance. You will receive communication as to the status of the grievance, including a final letter including the name of the hospital contact, steps taken for the review, results of the review, and the completion date.
 - If we cannot meet your needs, you can contact:
 - NH Department of Health and Human Services - Health Facilities Administration
(603) 271-9499/1-800-852-3345 x9499
 - Joint Commission 1-800-994-6610
 - Physician issues are referred to:
NH Board of Medicine (603) 271-1203/1-800-780-4757
- **Be told fully about any research study in which you are asked to take part. This discussion should occur before you agree to enter the study.**
 - If you are under the age of 18, your parent or guardian must give permission before any tests or treatments can be carried out in the course of the research study.
 - You have the right to refuse to take part in a research study. If you refuse to take part, it will not affect receiving treatment here in the future.
- **Understand instructions you will receive before leaving the hospital or clinic.**
 - These instructions will describe how you and your family can participate in your recovery and ongoing health care plan once you are at home.
- **Leave the hospital, even if your doctor advises against it. You may not leave if you have certain infectious diseases that could affect the health of others, if you are not able to provide for your own health and safety or other people's safety is at risk, as defined by law.**
 - You must sign a form saying the Medical Center is not responsible for any harm that comes to you as a result of leaving the facility.
- **In order to reduce concerns about paying your bill, you will be told of services available to help in paying for your care.**
 - You have the right to look at and receive an explanation of your bills. This information can be obtained through Patient Financial Services at 1-800-368-4783.

Your Responsibilities as a Patient at Dartmouth-Hitchcock

When you are a patient at Dartmouth-Hitchcock, you, your family and your visitors have the responsibility to:

- Be honest and tell us all you know about your past and present health including:
 - Sharing with your doctor or nurse if you think you are at risk, if your health has changed and what medications you are taking.
 - Information about Advanced Directives (Living Will and/or Durable Power of Attorney for Healthcare) and who will speak for you if you are unable to speak for yourself.
- Ask questions about anything you do not understand, including your treatment plan or what is expected of you. This includes making sure you understand the potential risks, benefits and side effects of your treatment.
- Follow the plan that is developed by you and your treatment team.
 - If you have a concern about the plan, it is your responsibility to talk about it with your doctors and nurses.
- Accept responsibility for your actions if you refuse treatment or do not follow instructions.
 - Your treatment plan may include recommendations about exercise, not smoking and eating a healthy diet.
- Follow the rules and regulations of Dartmouth-Hitchcock, including the no smoking policy.
- Be respectful at all times to the staff, other patients, visitors and Dartmouth-Hitchcock property.
- Make a good faith effort to pay your medical bills in a timely fashion or ask for appropriate assistance.

If you have questions about your rights as a patient, or if you would like a copy of the New Hampshire state law which lists your rights, please call Care Management at (603) 650-5789

Mission Statement

The Dartmouth-Hitchcock Specialty Pharmacy mirrors the vision and values defined by Dartmouth-Hitchcock.

Our Mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values: A Culture of Caring

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

D-H SPECIALTY PHARMACY MAIL-ORDER ENROLLMENT

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ E-Mail: _____

Physical Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - Work Phone: () - Cell Phone: () -

Preferred Contact: Home Phone Work Phone Cell Phone E-Mail

Drug Allergies: _____

SHIPPING INFORMATION

All medication will be shipped via USPS unless otherwise indicated. If you require FedEx delivery, please indicate in the 'Additional Information' on the following page. A signature is required upon delivery for applicable items. Refrigerated items will be delivered 'Priority Overnight' via FedEx. If you request a 90 day supply of your medication, please contact your provider's office to send a 90 day supply prescription to the D-H Pharmacy.

Shipping Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: () -

I would like my prescriptions to be mailed (check one): Always Only When Requested

CUSTOMER COMPLAINT FORM

INFORMATION

Patient Name: _____

Person Completing Form: _____

Relationship to Patient (if applicable): _____

Patient Address: _____

Patient Preferred Contact Method (Telephone or E-mail):

EXPERIENCE

Date Occurred: _____

Hour Occurred: _____

Specific Person(s) Involved: _____

Describe the Complaint (be specific): _____

Action Requested: _____

Follow-up Needed: Yes No

Thank you for taking the time to complete the D-H Specialty Pharmacy Customer Complaint Form. All forms will be reviewed by management and further action will be taken to resolve noted issues.

mSCRIPTS ENROLLMENT

Dartmouth-Hitchcock Pharmacy has a NEW Mobile Pharmacy application! We will now be sending text and/or email notifications when a prescription is ready instead of a phone call. There are three different platforms to manage a D-H Pharmacy profile. D-H Pharmacy employees can register patients for SMS (text) notifications and/or patients can register for an account to manage their pharmacy profile via the D-H Pharmacy mobile app or on the web.

OPTION 1 – SMS (TEXT) NOTIFICATIONS

1. D-H Pharmacy employees will register patients using their mobile number and will give patients their own unique verification code.
2. The patient will receive a text message on their mobile device asking to reply with their verification code.
3. Once verification code is received, patients will receive text notifications once prescriptions are ready to be picked up and when they are ready for refill.

OPTIONS 2 AND 3 - SETUP ACCOUNT VIA THE MOBILE APP OR ON THE WEB

1. Go to app store and search "D-H Pharmacy" to download the free app or follow this link to register: dh-pharmacy.dartmouth-hitchcock.org
2. Click the 'My Account' link, then at the bottom left, click 'New User Signup'
3. Most people will click the middle button – 'I have an Rx but not a D-H Pharmacy Account'
4. This takes you to the 'Getting Started – New User' screen a. For this you MUST have an active Rx number to begin the process b. Your name must EXACTLY MATCH as it appears on your prescription bottle c. Click 'Next'
5. Complete all fields as requested under e-mail registration a. When adding Rx number ensure the second box has '001' – Rx#: - 001
6. At 'Pharmacy Name', click on the magnifying glass in lower right-hand green bar
7. Enter '03756' zip code for Dartmouth-Hitchcock Pharmacy
8. When Dartmouth-Hitchcock Pharmacy is found, click on the name to populate your pharmacy
9. Click 'I Accept' terms of service

10. Click 'Register', then click 'OK' to confirm you accept the terms of service, then click 'OK' again—this will take you back to the Pharmacy homepage
11. Click on 'My Account'
12. Enter your e-mail address and password
13. Click on 'Login'
14. Update 'My Preferences' and click 'Save'

PLEASE NOTE: Refills selected as 'ASAP' will be completed within 4 hours. Refills selected as 'Next Business Day' will be completed the next business day by 11:00am. If you need your prescription filled sooner please contact D-H Pharmacy at (603) 653-3785.

MOBILE APP AND WEB HELPFUL HINTS

- **To receive text notifications** when prescriptions are ready to pick up, be sure to add your mobile number under your 'My Preferences' settings. You will have to enter your mobile number twice to confirm. Click 'I accept the terms of service' and then click 'Sign Up' button. Click 'OK'. Note the verification code, click 'OK' and then respond to the text message you will receive on your mobile device with the verification code to complete the text notification sign up.
- **To receive e-mail reminders** when your prescription is ready for pick up, go to 'My Account' settings, then 'My Preferences', turn on e-mail reminders. Then click 'Send Verification Mail' button and then click 'OK'.

You will receive an email asking you to click on 'Confirm Your Account Now' link, your email will then be verified and you can now enable email reminders. Be sure to go back to 'My Preferences' and turn on email reminders.

- You can use the back button when needed or the home icon in the upper right-hand corner to access the home page.

DARTMOUTH-HITCHCOCK SPECIALTY PHARMACY: PATIENT SATISFACTION SURVEY

Please rate how satisfied you are with the following:

	Extremely Satisfied	Satisfied	Not Sure	Unsatisfied	Very Unsatisfied	Does Not Apply
The ease of filling your prescription with us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The timeliness of filling/receiving your prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacist assistance you received concerning your prescription(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The accuracy of your prescription order.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The courtesy, care, and concern shown by the specialty pharmacy staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The assistance you received from the billing and insurance specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That your phone call was answered promptly during normal business hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability to contact us after business hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our ability to return your phone calls in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient education we provided regarding your prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The delivery of your medication, if applicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall experience with the D-H Specialty Pharmacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

ACKNOWLEDGEMENT

Please confirm that you have received the Dartmouth-Hitchcock Specialty Pharmacy Welcome Packet by signing below and returning via the enclosed prepaid envelope.

I have received your Welcome Packet, which includes: the HIPAA privacy policy, patient bill of rights, hours of operation, and contact information. I have read it carefully, and sent it back as requested.

Name: _____

Signature: _____

Address: _____

Date: _____

