

Dear Colleagues,

Consonus pharmacy would like to thank you all for your dedication caring for seniors during this time, as we all battle the COVID-19 virus. We are aware that this has not only changed ways in which you deliver care, but also has affected many of your personal lives as well. At Consonus we share your passion and will do everything we can to keep our collective residents safe.

We realize that in your community you may have several pharmacy providers that residents and families have chosen to work with. As your partner in the delivery of care we want to ensure that you know that we are here to help you and residents in times of need. As more families become personally effected by COVID-19, their ability to obtain medications through their normal channels may be inhibited. Below you will find outlined Consonus Pharmacy procedures for obtaining emergency fills for non-Consonus residents as well as procedures if a resident would like to proactively switch to Consonus pharmacy.

#### Emergency Fills:

If a resident uses another pharmacy and is unable to obtain medications in a timely manner related to delivery delays, please reach out to Consonus directly via phone so that we can make arrangements to provide an emergency supply. To further show our commitment to resident safety, we will waive all emergency delivery fees during this national crisis.

#### Sign up for Consonus Pharmacy:

In some cases, families and residents may want to proactively switch to Consonus as your partner pharmacy, to alleviate any challenges they may have picking up prescriptions from other pharmacies. In this case please follow procedures outlined below:

- Please have the resident or responsible party fill out the “Consonus Customer Agreement” form (see page 2). If you need these forms sent to your community, please contact your nurse consultant.
- Provide face sheet
- Provide any current prescription insurance information.
- Provide an updated list of medications for the resident. Please note any medications that you do not want filled at the time of faxing, otherwise Consonus will fill and send.

If you have any questions related to the outlined procedures, please reach out to Consonus pharmacy or your consultant nurse for further clarification.

Thank you,  
Consonus Pharmacy  
[consonushealth.com](http://consonushealth.com)

Form #1



CONSONUS  
PHARMACY  
Customer Agreement

Resident Name: \_\_\_\_\_ Facility: \_\_\_\_\_

I UNDERSTAND AND ACCEPT THE FOLLOWING TERMS AND CONDITIONS:

- Consonus, or its affiliates, are authorized to provide me with all medications, pharmaceutical supplies and services that I may ask them to provide on my behalf.
- Consonus makes every effort to bill the Resident's Medicare Part D, Managed Care, Third Party or state Medicaid plan. The resident/responsible party shall pay the pharmacy directly for the resident's responsibility as determined by the appropriate insurance plan. Payment is due upon receipt of Consonus' statement and a finance charge will accrue on all delinquent amounts at an annual rate of 1.5% per month or the maximum annual rate permitted by applicable laws. I agree to pay all costs of collection, including court costs and attorney's fees, for all delinquent balances.
- I understand that all medications furnished are not packaged in child-proof containers.
- Consonus may provide clinical services designed to optimize my medication therapy.
- I consent to the release of all personal and medical information to any third party payor, governmental agency providing benefits, or other person(s)/ entity liable for my treatment charges. I consent to a similar release of information, as shall be necessary to initiate and continue my use of pharmacy services.
- I request that payment of authorized Medicare and or Private Insurance/Medigap benefits be made to Consonus Pharmacy on my behalf.
- Patient consultation with a Consonus pharmacist is available by telephone during normal pharmacy hours of operations.
- Certain specialty medications (including TPN's) may be outsourced to another pharmacy for filling.
- For the complete Privacy Practices policy please visit our website at [www.consonushealth.com](http://www.consonushealth.com) located under Pharmacy tab and select Policies.

\* Resident or Responsible Party: \_\_\_\_\_ Phone \_\_\_\_\_

I am the:  Power of Attorney  Guardian  Responsible Party  Conservator

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

Resident/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If this patient is physically or mentally unable to sign, a representative may sign on the patient's behalf. In this event, the statement's signature line must indicate the patient's name followed by the representative's name, address.*