



Millennium Pharmacy

Dear Patient,

On behalf of the entire staff of Millennium Pharmacy in The Woodlands and Millenium Pharmacy #2 in Kingwood, we would like to welcome you to our pharmacy. Here, our patients are our priority, and we strive to provide the highest level of care possible.

The Millennium Pharmacy team is here to fill your oral chemotherapy, other specialty, and supportive care medications. Our goal is to provide continuous care as well as to be an information resource for you. By partnering with your physician and other members of your care team, we will work to help you achieve the best possible outcome from your medication(s). We truly care about you and want you to know we are here for you.

By choosing our pharmacy, you can expect:

- A pharmacy team that specializes in oncology/hematology, rheumatology, and other specialty related medications
- Assistance with insurance approval and guidance with financial assistance through various foundations and sponsored drug programs
- A team approach between oncology certified and/or trained physicians, pharmacists, and nurses to educate, monitor and manage potential drug interactions and possible side effects
- Communication regarding any issues that may arise during the medication processing and/or delivery process
- Free delivery to the clinic of your choice for easier access to your medication

Thank you again for choosing Millennium Pharmacy. We are here for you and thank you for trusting us to serve you. Please reach out to us with any questions or concerns you may have.

Sincerely,

Your Millennium Pharmacy Staff

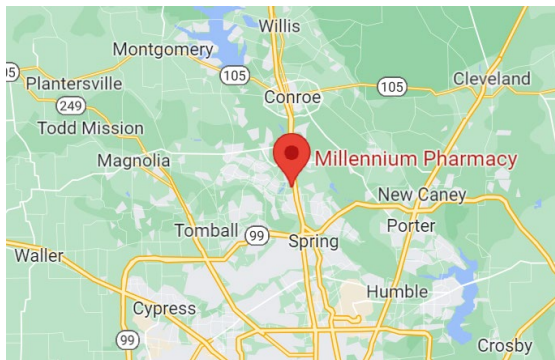




Millennium Pharmacy

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9319 Pinecroft Dr. #110
The Woodlands, TX 77380

[2]

22730 Professional Dr. #110
Kingwood, TX 77339



Millennium Pharmacy

Hours of Operation

Millennium Pharmacy in The Woodlands and Millennium Pharmacy #2 in Kingwood are open Monday to Friday from 8:30 am to 5:00 pm, and close for lunch from 12:30-1:00 pm.

Both pharmacies are closed on Saturday and Sunday.

The pharmacies will be closed in observance of the following holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Eve
- Christmas Day

These scheduled holidays, as well as additional holidays, may be changed or added. In the event of a change, signs will be posted, and patients with prescriptions ready to be picked up will be notified of the anticipated closure.

If you have any questions or concerns after hours, please leave a message for our staff on our pharmacy voicemail and we will get back to you during regular business hours. For urgent matters after hours, please call the clinic and you will be directed to the call center that will notify the appropriate clinician on call, including a pharmacist that is available 24 hours if needed.

Millennium Pharmacy (Woodlands)

281-298-1129 (phone)
281-298-1168 (fax)
888-402-1469 (toll free)

Millennium Pharmacy #2 (Kingwood)

281-312-8585 (phone)
281-719-5911 (fax)
888-402-1470 (toll free)



Millennium Pharmacy

Prescription Process

Our Millennium Pharmacies strive to provide the highest level of care to you, and we would like to provide you with more details on different areas of the prescription process.

Insurance Coverage

Our staff will work with you to locate your pharmacy benefit information and let you know if our pharmacy is in-network or out of network. For those without physical insurance cards, we can try to look up the information in an online database. Please note, this is a courtesy we provide and does not guarantee the information will be available. We will also work with you to help find copay cards, grants and/or free drug programs.

All pharmacy patients are responsible for any remaining co-pays. Payment must be made prior to receiving your medication. Currently, our pharmacies DO NOT accept cash or checks and are only accepting all major credit cards as well as FSA and HSA cards.

Prescription Processing

New and refill prescription orders will be sent electronically to our pharmacy from your Millennium physician. Our pharmacy staff will utilize your electronic medical record (EMR) from the clinic to fill your prescription.

If our pharmacy cannot fill your prescription, our staff will notify the appropriate clinic to electronically send your prescription to the designated pharmacy.

Refills and Status Updates

To place a refill order, you may call our pharmacy, Millennium Pharmacy (The Woodlands) 281-298-1129 or Millennium Pharmacy #2 (Kingwood) 281-312-8585, submit a refill through our website (www.millennium-pharmacy.com), or leave a message on our voicemail (if it is after hours). We ask that you call for refills at least 5-7 days prior to running out of medication to prevent any disruption in your treatment.

You can also contact us to check on the status of a prescription, ask a question and report side effects or adverse drug reactions.



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Prescription Substitutions/Medication Unavailable

When available, the pharmacy will fill prescription orders with approved generic medications. You or your physician may request the brand name medication (if it is commercially available); however, this may cause the insurance company to deny the medication claim or may cause you to pay a higher copay.

If a prescribed medication is out of stock, temporarily unavailable or backordered, the pharmacy staff will reach out to your physician to see if he/she wants to prescribe a different medication or if the physician has samples. All patients will be notified, by a pharmacy staff member, of any medication changes made by the physician.

Medication Counseling/Clinical Monitoring

One of our pharmacists will provide medication counseling on all new prescriptions (and on refills when requested). This counseling will take place either after a prescription has been verified by the pharmacist or when the medication is picked up. Additional counseling may be requested at any time.

Patients will be counseled on how to take (or administer) the medication correctly, what side effects can be expected, and how to manage them; as well as, how to report adverse drug reactions to the physician or one of our clinical pharmacists.

In addition to medication counseling, each patient receiving specialty medications will be offered clinical monitoring so the clinical pharmacist can work with the physician to monitor and evaluate your response to your medication. This clinical monitoring helps to ensure you are getting the maximum benefit of your medication while trying to minimize the possibilities of side effects. You may opt-in and/or opt-out of clinical monitoring at any time.

Medication Returns/Refunds

NO returns or refunds will be allowed or given for any medication once it has been purchased from our pharmacy.



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Medication Recall

In the event that a recall is issued while you are taking a prescription, you will be notified by a pharmacy staff member and you will be instructed to stop taking the medication. You will then be given instructions on how to properly destroy any remaining medication you may have.

Disposal of Medications

Should you have any medication remaining that is no longer needed due to a therapy change, please follow directions on the provided medication education sheet for proper disposal. **DO NOT FLUSH ANY MEDICATION DOWN THE TOILET!** If you have any questions regarding disposal directions, please call the pharmacy.

Many communities also host take-back programs, so you may contact your local city or county government for details and availability.

Disaster/Emergency Instructions

In the event of a disaster or emergency where the pharmacy will be closed unexpectedly, a recording will be left on the pharmacy voicemail and a notice will be posted on the pharmacy website advising when the pharmacy will reopen as well as instructions on how to get your medication(s). If access to the pharmacy is allowed, a sign will also be posted on the pharmacy door with the appropriate instructions.



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Copay Assistance Overview

You may be eligible for various types of copay assistance, depending on the type of insurance policy and coverage you have (Commercial/Private insurance which includes policies from employers as well as individually purchased policies and Government/Public insurance which includes Medicare Part D and Medicaid policies). Our pharmacy staff member will help you find copay assistance when it is needed. Below are some of the available options for assistance:

Copay cards

Drug manufacturers offer discount cards that may cover all or part of your copay and/or deductible. Each copay card has a maximum benefit that is set by the drug manufacturer. These cards are mainly used for brand name medications and are only available for patient with commercial or private insurance policies.

Private Foundations (Copay Grants)

Foundation assistance is available when donations have been received by charitable organizations for specific diseases and diagnosis. All patients are eligible for foundation assistance provided they meet the defined income and household requirements. These grants help patients to cover copays and deductibles, get through the donut hole/coverage gap, as well as cover catastrophic copays. When no foundation assistance is available, patients may apply for the free or reduced pay program from the drug manufacturer.

Under or Un-Insured (Free or Reduced Pay Drug Program)

Patients who are under-insured or have no insurance may qualify to receive medication from the drug manufacturer for free or at a reduced cost. Each drug manufacturer has its' own guidelines and application for their assistance program. These programs typically require signatures from the patient and the physician, as well as proof of income, such as a recent tax return, a social security letter or bank statements.



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Handling Adverse Drug Reactions

An adverse drug reaction is an unexpected or unintended effect caused by a medication. All medications have the potential to cause an adverse drug reaction with effects ranging from mild to life-threatening. Some possible adverse drug reactions include:

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Fatigue
- Drowsiness
- Confusion
- Lightheadedness or dizziness
- Hypertension
- Hypotension
- Shortness of breath
- Respiratory issues
- Heartburn
- Skin rashes
- Muscle spasms

When an adverse reaction is suspected and reported, the pharmacist will perform a clinical intervention and will notify the physician. Together, the pharmacist and physician will develop a plan of action which may include counseling on preventable measures, ordering labs, scheduling a follow-up visit and adjusting or discontinuing the medication.



Millennium Pharmacy

SAFE HANDLING OF ORAL CHEMOTHERAPY

Oral chemotherapy medicines require special handling to prevent unnecessary exposure to others. These safety tips will help you understand what to do while taking your medication.

How to Take Your Chemotherapy

- Swallow each tablet or capsule whole; do not break, crush, or chew them.
- If you are unable to swallow the capsule or tablet, speak with the pharmacist about other ways to take your medication.
- If you are instructed to dissolve the chemotherapy medication in liquid, follow the directions closely and use disposable cups when possible. If you are unable to keep the pill down, call your physician.
- If you miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not double the dose.

Storage

Most oral chemotherapy medications should be stored at room temperature, away from excessive heat and moisture. You will be instructed if your medication requires any special storage or handling. If your medication needs to be refrigerated, follow instructions carefully and avoid storing near food.

Handling Body Waste

Chemotherapy medications are released from the body through urine, stool, vomit, and blood for 48 hours after your treatment has stopped. Special care must be taken to prevent the patient's body waste from coming into accidental contact with others.

- After using the toilet, close the lid and flush twice. Men should urinate sitting down to avoid splashing.
- After using the toilet, wash your hands well with soap and water. If any fluids splash on your skin, clean the area with soap and water.
- Wear gloves when cleaning the toilet and cleaning up any urine, stool, or vomit as well as when changing diaper or incontinence pads. Wash your hands with the gloves on, then remove the gloves, dispose of them in the trash, and wash your hands again.
- If using a bedpan or urinal, wear gloves and dump contents into toilet close to the water to limit splashing. While wearing gloves, wash the container with soap and water after each use.
- Diapers can be disposed of with regular trash.
- If you have an ostomy, wear gloves when emptying and wash the collection bag once a day with soap and water as instructed.
- You may share a bathroom with others; however, if body fluids splash on the toilet, wear gloves and clean the area with soap and water before others use it.



Millennium Pharmacy

Handling Trash or Laundry

When handling trash or laundry that has come in contact with chemotherapy or body fluids within 48 hours after treatment:

- Wear gloves to handle contaminated trash or laundry. Wash your hands before and after removing the gloves.
- Contaminated trash can be placed in special bags (if you were supplied with these), or double bagged in a plastic, leak proof bag.
- If possible, wash contaminated laundry right away. If you cannot wash it right away, place it in a leak proof plastic bag and wash as soon as possible.
- Wash contaminated laundry separate from other laundry, using regular laundry detergent and warm or hot water.

Handling Spills

If chemotherapy or body fluids are spilled or splashed (within 48 hours after treatment):

- Wear gloves to clean up the spill/splash.
- Wipe up the spill with paper towels.
- Clean the area with soap and water and rinse using paper towels.
- Dispose of trash in specially marked containers (if you were provided with them) or double bag in leak proof plastic bags.
- Wash hands before and after removing gloves.

Sexual Contact

Chemotherapy medication can also be excreted in body fluids, such as semen and vaginal fluid. To prevent exposure of these fluids for you and your partner:

- Use condoms during oral sex and intercourse for 48 hours after treatment.
- Effective birth control should be used throughout treatment to prevent pregnancy while on these medications and for several months or years after therapy. Chemotherapy can have harmful side effects to the fetus, especially in the first trimester. In addition, menstrual cycles can become irregular during and after treatment, so you may not know if you are at a time in your cycle when you could become pregnant or if you are actually pregnant.



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Patient Rights and Responsibilities

As a patient of Millennium Pharmacy or Millennium Pharmacy #2, you have the right to

- Be fully informed about who the pharmacy staff are and the care/services we provide.
- Be treated with courtesy and respect and have your beliefs, values and preferences respected.
- Receive effective counseling and education on the dispensed medication, including written information on how to take the medication, possible side effects and adverse reactions, any interactions with other medications and how to properly store and dispose of the prescribed medication.
- Participation in the development and implementation of your plan of care, including any necessary changes.
- Be provided with enough information to give your informed consent for initiation of services, the continuation of services, the transfer of services to another provider, or the termination of services.
- Decline participation, revoke consent, or dis-enroll in the clinical monitoring at any point in time.
- Be informed, in advance, of any applicable copays (including deductibles and co-insurance) that you will be responsible for.
- Be educated on additional options for financial assistance including copay cards, foundation grants, and free or reduced drug programs offered by the drug manufacturer.
- Expect privacy and confidentiality of your patient records, except where required by state and/or federal law and be provided with a copy of your pharmacy record at your request.
- Be advised of policies and procedures regarding the disclosure of pharmacy and clinical records.
- Be informed of any financial benefits when referred to another organization.
- Voice concerns, complaints, or grievances regarding treatment of care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.



Millennium Pharmacy

As a patient of Millennium Pharmacy or Millennium Pharmacy #2, you have the responsibility to

- Be an active participant in the care you receive from our pharmacy.
- Provide accurate and complete information about complaints, past illnesses, hospitalizations, current medications, medication allergies, and other matters relating to your health, as well as accurate contact, demographic and insurance information.
- Inform the pharmacy of any changes to the above information.
- Adhere to your plan of care, including properly taking your medications, established by your physician or health care provider.
- Ask questions when you do not fully understand the information or care being provided to you and notify the pharmacy of any concerns about the care or services provided.
- Pay all charges upon receipt of dispensed medications.
- Comply with administrative and operational procedures of the pharmacy, and report wrongdoings and/or suspected fraud, waste, and abuse to the appropriate entities.
- Treat all pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national origin.

Complaint/Grievance Procedure

You have the right to express concerns and dissatisfaction or make complaints about personnel in or services offered by the pharmacy without the fear of reprisal, discrimination, or unreasonable interruption of services. The phone number to Millennium Pharmacy (The Woodlands) is 281-298-1129 and the phone number to Millennium Pharmacy #2 (Kingwood) is 281-312-8585. Please ask to speak with the Pharmacist-In-Charge or the staff pharmacist on duty.

Millennium Pharmacy and Millennium Pharmacy #2 have a formal grievance procedure that ensures that your complaints/concerns will be reviewed and that an investigation will be started after it is received. You may file a formal grievance in writing and submit it to the Pharmacist-In-Charge or staff pharmacist on duty, by contacting Millennium Physicians Compliance Officer at 866-996-0668, the Texas State Board of Pharmacy at 800-821-3205 (option 1) or 512-305-8070, or Accreditation Commission for Health Care (ACHC) at 855-937-2242.



Millennium Pharmacy

NOTICE OF PRIVACY PRACTICES

This notice describes your rights as a patient, how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

YOUR RIGHTS - When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may deny your request in certain limited circumstances; in such cases we will notify you in writing and you may request that the denial be reviewed. Ask us how to do this.
- We will provide a copy or a summary of your health information within 30 days of your request, provided all conditions related to release of records are met. We may charge a reasonable, cost-based fee.

Ask to amend your medical record

- You can ask to correct health information about you that you think is incorrect or incomplete. Ask us how.
- If we agree with the request, we will make the correction and give it to those who need it and those you ask us to give it to. If we say “no” to your request, we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way, such as calling your home or office phone or sending mail to a different address. We will accommodate all reasonable requests.

Ask us to limit what we share or use

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We can say “no” to your request. If we do agree, we will comply unless the information is needed to provide emergency information.
- If you pay us for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared your information

- You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask for it. This will include who we shared it with and why.
- The first list you request within a twelve (12) month period is free, but we will charge a reasonable, cost-based fee if you ask for another list within twelve (12) months. You may choose to cancel your request before any costs are incurred.

Get a copy of this Privacy Notice

- You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. An electronic copy is at millenniumphysicians.com/patient-rights-privacy/.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian with authority under state law, that person can exercise your rights and make choices about your health information when you are not capable of doing so.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your privacy rights, and we will not retaliate against you for filing a complaint
- Office for Civil Rights, US Department of Health & Human Services, 200 Independence Ave. SW, Washington, DC 20201; 1- 877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints/
- Physician: Texas Medical Board, PO Box 2018, Austin, TX 78768; 800-201-9353
- Nurse: Texas Board of Nursing, 333 Guadalupe St. Suite 3-460, Austin, TX 78701; 512-305-6838
- To file a complaint with Millennium Physicians: Compliance Department, 22710 Professional Dr. Ste. 106, Kingwood, TX 77339
- Texas Pharmacy Board: 333 Guadalupe St. #3, Austin, TX 78701; 800-821-3205
- ACHC: 139 Weston Oaks, Ct., Cary, NC 27513; (855) 937-2242, customerservice@achc.org



Millennium Pharmacy

NOTICE OF PRIVACY PRACTICES

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. We can share your information as described below. Please tell us if you have a preference on how we share your information in these situations.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Provide you with appointment reminders

If you are not able to tell us a preference, for example, you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Other limited situations

- **Treatment alternative.** We may use and disclose your information to give you information about 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, educational programs, or services that may be of interest to you.
- **Fundraising activities.** We may contact you for fundraising efforts, but you can tell us not to contact you. You will be provided the opportunity to choose not to receive any further fundraising communications.

Cases where we never share your information unless you give us written authorization

- Marketing purposes
- Sales of your health information

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy of your healthcare information (Protected Health Information - PHI) and to educate our personnel concerning privacy and confidentiality.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your health information except as described in this notice or if you tell us in writing that we can. You may change your mind at any time by sending us a written notice. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization.
- If your health information is electronically disclosed and your written authorization is required, a separate authorization will be needed for each request.
- This notice applies to all healthcare records created by and received at Millennium Physicians and tells you about the ways in which we may use or disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.
- This notice applies to Millennium Employees, contractors, volunteers, and anyone doing business with Millennium Physicians.

OUR USES AND DISCLOSURES - Except as listed below, we will not use or disclose your health information without your written authorization.

Typical use and disclosure of your health information. We usually use or share your information for treatment, payment, and healthcare operations, as defined in this notice, which include activities such as patient care, financial services, insurance, quality improvement, and education and risk management. Millennium Physicians shares information with all its subcenters when medically necessary to do so. Contact a Millennium Physicians representative if you do not want to share your health information.



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NOTICE OF PRIVACY PRACTICES

- **Treatment.** We can use your health information and share it with other professionals who are treating you. *For example, your physician may ask a pharmacist or referring physician about your current medications and/or care to treat you.*
- **Payment.** We can use your health information to bill and get payment from health plans or other entities. *For example, we give information about you to your health insurance plan so it will pay for your services.*
- **Healthcare operations.** We can use and share your health information to run our practice, improve your care, train future healthcare professionals, and contact you when necessary. *For example, we use health information about you to manage your treatment and provide quality healthcare services.*
- **Business associates.** We may disclose your health information to our business associates who provide services to us to help us carry out our treatment, payment, or healthcare operations. *For example, we may disclose your information to a consultant who is helping us improve patient care.*

Other cases we use and disclose your health information. We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We must meet conditions in the law before we can share your public information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues.** We can share your health information for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting births or deaths or suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health. This includes notifying a person who may have been exposed to, or be at risk for, contracting or spreading a disease or condition to protect the public health.
- **Conducting research.** We can use or share your information for health research subject to a special approval process that balances your need for privacy with the proposed research. This special approval process is not required when we allow researchers preparing a research project to look at information about patients with specific medical needs so long as the information does not leave Millennium Physicians.
- **Comply with the law.** We will share your information if state or federal law requires it, including the Department of Health and Human Services if it wants to verify that we are complying with federal laws.
- **Respond to organ and tissue donation requests.** We can share your health information with organ procurement organizations.
- **Medical examiners or funeral directors.** We can share your health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation, law enforcement, and other government requests.** We can use or share your health information:
 - For workers' compensation or similar programs that provide benefits for work-related injuries or illness.
 - For law enforcement purposes.
 - If you are a member of the armed forces, as required by military command authorities.
 - With health oversight agencies for activities authorized by the law.
 - For special government functions such as intelligence, counterintelligence, and other national security activities authorized by law and presidential and foreign dignitary protective services.
- **Inmates.** We may release health information of inmates to the correctional institution or official under specific circumstances for care and safety purposes.



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NOTICE OF PRIVACY PRACTICES

- **Disaster Relief.** We may use or disclose medical information about you to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition, or death in the event of a natural or man-made disaster.
- **Disclosure to Law Enforcement Purposes.** We may disclose information about you to law enforcement officials for Law enforcement purposes, including but not limited to:
 - As required by law.
 - In response to a court order or other legal proceeding.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - When information is requested about an actual suspected victim of a crime.
 - To report a death because of possible criminal conduct.
 - About crimes that occur on our premises.
 - To report a crime in emergency circumstances.
- **Health oversight activities.** We may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure, and other activities necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Respond to lawsuits and legal actions.** We can share your health information in response to a court or administrative order, or in response to a subpoena or discover request.

Special protections for certain information. We will not disclose or provide any information about any substance abuse treatment, genetic information, HIV/AIDS status, or mental health treatment unless you provide specific written authorization, or we are otherwise required by law to disclose or provide the information.

CHANGES TO THE TERMS OF THIS NOTICE - We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request or in our offices and on our website at: millenniumphysicians.com/patient-rights-privacy/

NON-DISCRIMINATION STATEMENT - Millennium Physicians complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.



Millennium Pharmacy

APPROVED OMB #0938-0975

MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS

You have the right to get a written explanation from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You also have the right to ask your Medicare drug plan for an exception if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;" or
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to distribute this information collection once it has been completed is one minute per response, including the time to select the preprinted form, and hand it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

No. CMS-10147