Holyoke Medical Center

Specialty Pharmacy

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Welcome to Holyoke Medical Center Specialty Pharmacy

Holyoke Medical Center Specialty Pharmacy

HOURS OF OPERATION & CONTACT INFORMATION

Holyoke Medical Center Specialty Pharmacy Business Office Hours

- The offices of Holyoke Medical Center Specialty Pharmacy are open Monday-Friday from 8 am to 4:30 pm. We are closed on weekends and all major holidays, unless announced otherwise. When we are closed, a clinical pharmacist is on call 24/7 for urgent clinical questions.
- Phone Number: 413.535.4803
- Website: HolyokeHealth.com/HMCSP
- Email: tpa-holyokespecialty@proxsysrx.com

PHARMACY LOCATION

Prescriptions from Holyoke Medical Center Specialty Pharmacy are filled at 575 Beech Street, 3rd Floor, Holyoke, MA 01040.

- Pharmacy Hours: Monday-Friday from 8 am to 4:30 pm; closed on weekends and all major holidays, unless otherwise announced.

SCOPE OF SERVICE

Holyoke Medical Center Specialty Pharmacy provides dispensing services for medication to Holyoke Medical Center patients with chronic conditions such as endocrinology and rheumatology conditions.

GOAL OF SERVICE

Our core value at Holyoke Medical Center Specialty Pharmacy is taking personal responsibility for identifying, resolving, and preventing drug-related problems. We hope to exceed your customer service expectations while providing clinical support to both you and your caregiver.

ABOUT HOLYOK MEDICAL CENTER SPECIALTY PHARMACY

Holyoke Medical Center Specialty Pharmacy is a full-service specialty pharmacy, serving Holyoke, Massachusetts, and the surrounding counties. We provide medications used to treat rare, complex, and/or chronic diseases. We also provide support to help ensure that you use these medications correctly. Specialty medications can be complex and costly, and they may not be readily available at local pharmacies. These medications usually require special storage and handling, and they may have side effects that require monitoring by our pharmacists, who have direct access to your physician.

Our team of specialized professionals includes pharmacists, pharmacy technicians, and patient care coordinators, all of whom have extensive experiences and expertise in managing complex conditions. We take personal responsibility for all of your needs related to specialty medications. We focus on achieving the best possible therapeutic outcomes, monitoring drug interactions, and providing education on the safe, effective, and economical use of a drug. We also provide medications and supplies, make follow up calls to ensure that patients are taking the medication as they should, and assist with refills.

PATIENT SATISFACTION

Patient satisfaction surveys will be mailed or emailed to you, to help ensure that you are receiving the best possible service from Holyoke Medical Center Specialty Pharmacy. Please complete the survey and return it as directed.

HOW TO FILE A COMPLAINT

We welcome and embrace patient, family, and caregiver comments and complaints about the care and services provided. We do our best to prevent complaints, but if they arise, we will work diligently to resolve identified problems.

If you have any questions, concerns, complaints, or think an error has occurred, please contact us and ask to speak to a supervisor or manager.

Holyoke Medical Center Specialty Pharmacy

- Phone: 413.535.4803
- Email: tpa-holyokespecialty@proxsysrx.com

Complaints may be made by calling or emailing us at one of the numbers listed above or by calling Holyoke Medical Center Specialty Pharmacy Patient Experience at 413.535.4803 Monday through Friday 8 am to 4:30 pm.

Complaints will be resolved as soon as possible after they are received. If the complaint cannot be resolved immediately, it becomes a grievance. Within 5 days of receiving the grievance, management will notify you that an investigation is ongoing. A complete resolution will be sent to you in writing within 14 days.

If you feel there are quality-of-care or safety issues that have not been resolved – or you would like to discuss concerns, dissatisfaction, or complaints with a party other than Holyoke Medical Center Specialty Pharmacy – you may contact:

Massachusetts Board of Pharmacy
250 Washington Street
Boston, MA 02108 BOP
Phone: 617.973.0960
Email: pharmacy.admin@mass.gov
Website: www.mass.gov.org

Accreditation Commission for Health Care (ACHC)
Phone: 855.937.2242 or 919.785.1214 (Request Complaints Dept.)
Website: https://www.achc.org/contact/

URAC
Email: grievances@urac.org
Website: https://www.urac.org/complaint/

RETURN POLICY

Unfortunately, we cannot accept returns on any medications or supplies, either for refund or credit. By law, once a medication is given to you, it cannot be returned to a pharmacy except to be discarded or returned to the manufacturer in the event of a recall. If an item is delivered in error or damaged – or if we ask you to return the item to our pharmacy – the item may be replaced, as appropriate.

If you are not satisfied with an item you receive from Holyoke Medical Center Specialty Pharmacy, please call the pharmacy for assistance:

Holyoke Medical Center Specialty Pharmacy

- Phone: 413.535.4803

Patient Emergency Preparedness

Emergencies and environmental disasters can occur at any time. Please take some time and review the following to prepare for these emergencies:

- For all medical emergencies, dial 911.
- Listen to your radio and television for up-to-date emergency information and instructions.
- The following numbers may also be helpful:
  – American Red Cross: 1-800-733-2767
  – The Salvation Army: 1-800-SAL-ARMY
- Notify the pharmacy staff if you plan to evacuate your home and where you plan to go so that interruptions in medication shipments can be avoided. Be sure to take your medications, supplies, and medical information to your evacuation location.

POWER OUTAGES

- If your medical equipment is operated by A/C current with a battery back-up, notify the electric company to alert them of your need for priority restoration of power should an outage occur.
- Always keep extra alkaline batteries available for operating your infusion device should you be unable to connect to power.
- Notify your pharmacy of any power outages lasting longer than 6 hours.
- Fill an ice chest with ice to store all refrigerated medications.

FLOODS

- If you live in a flood prone area, know your route to higher ground.
- Keep alert to flash flood warnings over local radio, TV, weather radio, or mobile devices.
- If unable to evacuate, move to highest level of your home.
- Prepare a disaster kit with essential supplies including a battery-operated radio.

TORNADO

- Keep alert to tornado watch/warning alerts on local radio, TV, weather radio, or mobile devices.
- If possible, a floor below ground or basement is the best place to go. In these locations, use additional personal cover such as a coat or blanket.
- If you don't have a basement, go to lowest possible level, in a small, windowless room such as a bathroom, closet, inner hallway, or under stairs.
- Stay away from doors and windows.
- Crouch or lie flat and protect your head.
- If you live in a trailer, leave immediately to take shelter in a sturdy building. Do not use a car.

WINTER STORMS / BLIZZARDS

- Keep at least a 3-day emergency supply of medication, food, and water in your home.
- Conserve energy – close off unused rooms.
- Dress warmly in layers.
- Use caution when using kerosene and/or electric heaters.
- Use caution and good judgment with snow removal.
- Your nurse will familiarize you with basic care and flushing of your IV catheter in the event they cannot reach you and you must discontinue your infusion pump and/or therapy for any period of time.

Holyoke Medical Center Specialty Pharmacy will make every effort to maintain your services without interruption. Depending upon the extent of the emergency situation and urgency of your needs, you will be contacted and advised of the status of your delivery.

For more information about emergency preparedness, visit adph.org or call 1-866-264-4073. Go to ready.gov to learn about potential terrorist threats and other emergencies or call 1-800-BE-READY (1-800-237-3239) for a free brochure.

COMMUNITY & EDUCATIONAL RESOURCES

Diabetes/Digestive Diseases

Juvenile Diabetes Research Foundation International
(800) 533-CURE (533-2873)

Hormonal Disorder

Hormone Foundation
(800) HORMONE (467-6663)

Osteoporosis

National Osteoporosis Foundation
(800) 231-4222

NIH Osteoporosis and Related Bone Disease - National Resource Center
(800) 624-2663

Rare Diseases/Disorder

Lupus Foundation of America
(800) 558-0121
(800) 558-0231 (Spanish)

Spondylitis Association of America
(800) 777-8189

Holyoke Medical Center Specialty Pharmacy

Frequently Asked Questions

WHY DO I NEED A SPECIALTY PHARMACY?

Specialty medications are complex and costly medications which usually require special storage and handling and may not be readily available at your local pharmacy. These medications may also have side effects that require monitoring by one of our Holyoke Medical Center Specialty Pharmacists who has direct access to your physician. Our goal is to exceed your customer service expectations while providing clinical support to both you and your caregivers.

HOW CAN I CONTACT HOLYOKE MEDICAL CENTER SPECIALTY PHARMACY?

- Please call us at 413.535.4803 if you have any questions.
  - Our business hours are Monday-Friday from 8 am to 4:30 pm. We are closed on weekends and all major holidays, unless announced otherwise.
  - Pharmacists are available 24/7 for consultation as well as emergency and clinical situations - such as side effects, medication assistance, and compliant resolution - and can be reached at 413.535.4803.
- You can also visit us on the web at HolyokeHealth.com/HMCSP.
- Email one of our patient care coordinators at tpa-holyokespecialty@proxsysrx.com.
- Ask to speak with a Holyoke Medical Center Specialty Pharmacy representative during your next clinical visit.
- Message your pharmacist through the Liberty application.

WHAT IS A PRIOR AUTHORIZATION (PA), & HOW DOES THE PROCESS WORK?

A prior authorization is often required by your insurance company in order to fill your specialty medications. We will complete this authorization on your behalf and will work with your insurance company to explain why the medication is needed. This authorization process can take several business days to be completed.

HOW DO I REFILL MY MEDICATIONS?

Your patient care coordinator will reach out to you via phone about one week before your next refill is due to coordinate shipping or pick up of your prescription. If you run out before we reach you, or if you want to order your refill ahead of time, please call us at 413.535.4803. Please allow 5 business days for processing and shipping your medications.

HOW MUCH WILL MY MEDICATION COST?

Your copay amount will vary based on your insurance plan. We will tell you the amount once we have processed your order.

WHAT IF I CAN'T AFFORD MY MEDICATIONS?

Some patients are eligible for financial assistance through drug companies or grants. Our patient care coordinators will perform a thorough review of the available options and enroll you in the program if you meet the requirements.

WHAT IF MY INSURANCE COMPANY DOESN'T COVER THE COST OF MY MEDICATIONS?

Our staff works directly with your physician and insurance company to obtain coverage for your therapy. If it is denied, your physician will discuss other options with you. Cash price is available upon request.

Holyoke Medical Center Specialty Pharmacy

Frequently Asked Questions

HOW CAN I TRANSFER MY PRESCRIPTION TO A DIFFERENT PHARMACY?

Your desired pharmacy can call us at 413.535.4803 and we will be happy to transfer your prescription at your request.

CAN I STILL GET ACCESS TO MY MEDICATIONS IF I DO NOT HAVE PRESCRIPTION INSURANCE?

Some pharmaceutical companies offer a medication assistance program. If available, we will research it and help you enroll.

DOES HOLYOKE MEDICAL CENTER SPECIALTY PHARMACY HAVE ACCESS TO ALL SPECIALTY MEDICATIONS?

Holyoke Medical Center Specialty Pharmacy has access to most specialty medications. In the event we do not have access to your particular medication, we will transfer your prescription to a pharmacy that does and have that pharmacy contact you. We will also make sure that your physician is aware and knows where your medication is being filled.

WHAT IF HOLYOKE MEDICAL CENTER SPECIALTY PHARMACY IS OUT-OF-NETWORK WITH MY INSURANCE?

If your insurance company considers Holyoke Medical Center Specialty Pharmacy an out-of-network pharmacy, an explanation of the medication cost will be provided at the time of dispensing or if requested by patient.

WILL MY INSURANCE COMPANY LET HOLYOLE M SPECIALTY PHARMACY DISPENSE THE DRUG?

Holyoke Medical Center Specialty Pharmacy can dispense for most insurance companies. Occasionally, your insurance company will require the use of another pharmacy. In these instances, we will transfer your prescription and have the new pharmacy contact you. We will also make sure that your physician is aware and knows where your medication is coming from.

WILL YOU EVER SUBSTITUTE MY MEDICATION WITH ANOTHER DRUG?

From time to time it is necessary to substitute generic drugs for brand-name drugs. This could happen due to your insurance preferring that a generic be dispensed or to reduce your copay. If your provider requests a substitution in therapy, a member of our staff will contact you prior to shipping the medication to inform you of the substitution.

WILL HOLYOKE MEDICAL CENTER SPECIALTY PHARMACY EVER CALL ME?

We will call you to:

- Confirm the initial status of your prescription and copay amount.
- Set up the initial dispense and refills of your medication.

We may also call to:

- Verify prescription insurance information.
- Obtain documentation of your income to enroll you in a financial assistance program (if necessary).
- Counsel you on the medication, if that wasn't done during your physician appointment.
- Tell you that a prescription has been transferred to another specialty pharmacy.
- Notify you of any FDA recalls of your medication.

Holyoke Medical Center Specialty Pharmacy

Frequently Asked Questions

WHEN SHOULD I CONTACT THE PHARMACY?

You should contact Holyoke Medical Center Specialty Pharmacy if:

- You have questions about your medication.
- You think you are having a side effect or allergic reaction. Please call 911 if the reaction appears serious or life-threatening.
- Your address, telephone number, or insurance information has changed.
- You have questions regarding the status of your prescription.
- Your have concerns regarding how to take your medication.
- You want to check the status of your prescription.
- You need to reschedule or change your delivery.
- You would like additional information regarding your plan for therapy.
- You suspect an error in shipping or dispensing has occurred.
- You suspect the medication has been recalled by the FDA.

You should also contact us with any other questions or concerns. Our staff is happy to assist you with your specialty pharmacy needs, including:

- Working with another specialty pharmacy to get your medications delivered.
- Helping you get access to medications during an emergency or disaster.
- Providing you with tools to manage your therapy, including educational materials and consumer advocacy support.

HOW CAN I ACCESS CONSUMER ADVOCACY SERVICES?

For additional patient education or programs, you can go to our website, HolyokeHealth.com/HMCSP, and select the patient education button, which will allow you to select the condition that applies in your case.

WHAT SHOULD I DO IF I HAVE AN ADVERSE REACTION TO THE MEDICATION?

If you are experiencing an adverse drug reaction, an allergic reaction, or other problem, please contact your doctor or Holyoke Medical Center Specialty Pharmacy as soon as possible. You should call 911 and have someone drive you to an emergency room if the reaction appears serious or life-threatening.

CAN I RETURN MY PRESCRIPTION?

Most prescription medicines cannot be returned to the pharmacy. If you suspect your medication is defective, please call Holyoke Medical Center Specialty Pharmacy.

HOW DO I DISPOSE OF UNUSED MEDICATIONS?

To dispose of expired or unwanted prescription and over-the counter drugs at home, follow these step-by-step instructions:

1. Take the drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including Rx number on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.
5. Place the sealed container with the drug mixture and the empty drug containers in to the trash.

Do not flush expired or unwanted prescription and over-the-counter drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so. If you are not able to dispose of expired

or unwanted prescriptions or drugs at home, you can return them at Drug Take-Back Events. Call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community. Some counties hold household hazardous waste collection days, where prescription and over-the-counter drugs are accepted at a central location for proper disposal.
You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home. You should place needles, syringes, lancets, and other sharp objects in a hard-plastic or metal container with a screw-on or tightly secured lid.

Many containers found in the household will do, or you may purchase containers specifically designed for the disposal of medical waste sharps. Before discarding a container, be sure to reinforce the lid with heavy-duty tape. Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers (see additional information below). Finally, make sure that you keep all containers with sharp objects out of the reach of children and pets. We also recommend that soiled bandages, disposable sheets, and medical gloves be place in securely fastened plastic bags before you put them in the garbage can with your other trash.

Content provided by the United States EPA

HOW DO I PREVENT THE SPREAD OF INFECTION?

Here are six different ways to prevent the spread of infection:

1. Clean your hands by using an alcohol-based hand sanitize or soap and water if your hands are visibly dirty. Remember to especially clean your hands before eating or touching food.
2. Remind caregivers to clean their hands and wear gloves whenever around you. This helps prevent the spread of germs.
3. Stay away from others when you are sick. If possible, stay home. Do not share drinks or eating utensils. Do not touch others or shake hands. Do not visit newborns.
4. If you are coughing or sneezing, cover your mouth and nose. Use a tissue or the crook of your elbow. Clean your hands as soon as possible after you cough or sneeze. Ask for a mask as soon as you get to the doctor's office or hospital. Keep a distance of about 5 feet between you and others.
5. If you visit a hospital patient, make sure to clean your hands when entering and exiting the hospital. Clean your hands before going in and out of the patient's room. Read and follow the directions on signs posted outside the patient's room. You may be asked to put on a mask, gloves, paper gown, and shoe covers. If sanitizer wipes are in the room, read the instructions. Some wipes are only for cleaning equipment and surfaces, and are not safe for skin. If you are unsure about what to do, ask the nurse.
6. Avoid diseases and help to prevent them by ensuring your vaccinations are current.

Content provided by The Joint Commission

Holyoke Medical Center Specialty Pharmacy

Frequently Asked Questions

PATIENT MANAGEMENT PROGRAM:

- As a patient of Holyoke Medical Center, the Holyoke Medical Center Specialty Pharmacy Patient Management Program is included at no cost.
- You are automatically enrolled in our program when you receive a specialty medication from Holyoke Medical Center Specialty Pharmacy, but you may opt-out at any time by calling 413.535.4803, or by telling your pharmacist that you would like to opt-out.
- As part of the Patient Management Program, our pharmacists will work with you on any problems, concerns, or questions you may have regarding your medications therapy. Our pharmacists provide education on disease state overview, medication, dose, when to take your medication, how to take your medication, drug interactions, and side effects. We will also review any physical assessments and help coordinate care with your physician, when appropriate.
- We work to provide evidence-based information specific to you, your diagnosis, and your treatment plan. If you would like more information specific to your medication or disease state, such as websites, counseling groups, and other providers, please ask your pharmacist.
- The potential health benefits of this program include managing side effects, improved overall health, increased disease and medication education and awareness, increased medication compliance and improve coordination of care with physician when needed. Your pharmacist will have all the information needed to help you make informed decisions regarding what is best for you as the patient.
- The potential limitations of this program are dependent on you as the patient. You must be willing to follow the directions of your physician and pharmacist, be compliant with taking your medication, and willing to discuss the details or your disease, medical history, and current practices with your pharmacist so your provider can have a full understanding of your situation.
- Please let your physician know you are a patient of Holyoke Medical Center Specialty Pharmacy and are enrolled in our Patient Management Program. A good relationship between your physician and your pharmacist will benefit everyone involved in your care.
- To contact the Patient Management Program, please call Holyoke Medical Center Specialty Pharmacy at 413.535.4803.

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

A. Patient Rights & Responsibilities are proved to patient(s) by either posting to the organization's website and providing instructions on how to find the website or providing a written copy. The rights and responsibilities include:

i. The right to have personal health information shared with the patient management program only in accordance with state and federal law
ii. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
iii. The right to speak to a health professional
iv. The right to receive information about the patient management program
v. The right to decline participation, or dis-enroll, at any point in time
vi. The right to 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
vii. The right to be informed, in advance of care/service being provided and their financial responsibility
viii. The right to receive information about the scope of services that the organization will provide and specific limitations on those services
ix. The right to participate in the development and periodic revision of the plan of care
x. The right to refuse care or treatment after the consequences of refusing care or treatment are fully presented
xi. The right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
xii. The right to have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
xiii. The right to be able to identify visiting personnel members through proper identification
xiv. The right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
xv. The right to voice grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
xvi. The right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
xvii. The right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
xviii. The right to be advised on the agency's policies and procedures regarding the disclosure of clinical records
xix. The right to choose a healthcare provider, including an attending physician, if applicable
xx. The right to receive appropriate care without discrimination in accordance with physician's orders, if applicable
xxi. The right to be informed of any financial benefits when referred to an organization
xxii. The right to be fully informed of one's responsibilities
xxiii. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
xxiv. The responsibility to notify the treating prescriber of their participation in the patient management program
xxv. The responsibility to submit forms that are necessary to receive services
xxvi. The responsibility to maintain any equipment provided, if applicable
xxvii. The responsibility to notify the organization of any concerns about the care or services provided

Medical Prescription Drug Coverage and Your Rights

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

YOUR MEDICARE RIGHTS

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called 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,"
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

WHAT YOU NEED TO DO

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll--free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

1. PATIENT GUIDE & PATIENT RIGHTS & RESPONSIBILITIES

I have been provided a copy of Holyoke Medical Center's Patient Guide, which contains a detailed statement of Patient's Rights and Responsibilities.

2. WELCOME GUIDELINES

View Holyoke Medical Center's Welcome Guidelines on the web HolyokeHealth.com/HMCSP.

3. RESPECTFUL BEHAVIOR

I understand that I am expected to act respectfully toward Holyoke Medical Center personnel and that any abusive or disruptive behavior may result in my dismissal from Holyoke Medical Center.

I, or/acting on behalf of the patient, hereby agree to the rendering of medical care, which may include routine surgical and diagnostic procedures, medical orders or protocols, by Valley Health System (VHS) and its entities, or individuals authorized to render such services. I permit my provider(s) to perform other additional extended services in emergency situations if it may be necessary or advisable in order to preserve my life or health.
I understand that the practice of medicine and surgery is not an exact science and that diagnostic testing and treatment may involve risks of injury, or even death. I understand that no guarantees have been made to me as to the result of such diagnostic procedure, examination or treatment.
I understand that:

a. It is customary, absent emergency or extraordinary circumstances, that no substantial procedures are performed upon me unless and until I have had an opportunity to discuss them with the provider or other health professional to my satisfaction.
b. I have the right to accept, or to refuse a suggested procedure(s) or therapeutic course of care.
c. Anyone identified as a current chronic end stage renal disease, hemodialysis patient receiving services, at an outside facility by either self-admission or known status by medical staff, will continue with dialysis and are not required to have additional consent.
d. There may be video monitoring for patient care and safety.
e. My email address may be used to inquire about the quality of care I have received.

I understand that some providers giving care, are not employees or agents of VHS, but may be independent contractors granted the privilege of using its facilities for the care and treatment of their patients. Further, I realize that among those who attend patients at this facility are students such as nursing, therapy etc who, as part of their educational program, may be present during care. I permit nursing and other health care personnel to participate in my care.

FINANCIAL AGREEMENT: In Consideration of the services rendered by VHS and its entities, or contracted individuals authorized to render such services, I agree to pay to VHS and its entities, and other contracted individuals, the amount of all charges incurred for such services. I agree that it is my responsibility to contact my insurance company, if any, although VHS and its entities, or contracted individuals authorized to render such services, may assist me in doing so. If any of the organizations employ the services of an attorney or collection agency to collect any charges, I agree to pay reasonable collection and attorney's fees in addition to lawful interest and costs. I agree to allow VHS and its entities, or contracted individuals who provided services, to submit claims to my insurance carrier and to release to my insurance carrier or designated intermediaries any information related to the services covered by those claims, as allowed under Federal and State regulations.

COMMUNICATION: I agree to allow telephone calls from an automatic telephone dialing system, artificial and/or pre-recorded messages, emails, text messages, or other electronic communication from VHS and its entities, and/or their contractors, servicers, debt collection agencies, for any reason by using any telephone number, email address, and/or mailing address associated with my account or obtained by such entities.

VALUABLES: I release VHS and its entities from any liability for the loss or damage to any and all of my personal property.

ASSIGNMENT OF INSURANCE BENEFITS: I hereby approve payment directly to VHS and its entities, or contracted individuals authorized to render such services of all insurance benefits and major medical benefits otherwise payable to me but not to exceed the balance due of the regular charges for any services they provide on my behalf.

I understand that I am financially responsible to VHS and its entities, or contracted individuals authorized to render such services for the charges not covered by this agreement.

MEDICAID PATIENTS: I understand that the services or goods that are provided to me, may not be covered under the Massachusetts Medicaid program-known as: MassHealth as being reasonable and medically necessary for my care. I understand that the Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or goods I request and receive if these services or goods are determined not to be reasonable and medically necessary for my care.

MEDICARE PATIENTS: - 1) "I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or related claim. I request that payment of authorization benefits be made on my behalf. " 2) "I assign payment for the unpaid charges for certain hospital physician's services furnished by Holyoke Medical Center or by the physicians authorized to bill I understand that I am responsible for any health insurance deductibles and co-insurance. For outpatient services, I request that this authorization apply to the period of my current care encounter.

RELEASE OF INFORMATION: I hereby allow VHS and its entities, to release any information including information related to psychiatric or substance-abuse disorders, requested by an insurer or other legally required third party.

COMMUNICABLE DISEASE TESTING: I understand that Massachusetts law provides if any health care worker is exposed to my blood or other bodily fluid, the facility may perform tests, without my consent, on my blood or other bodily fluid to look for the presence of hepatitis B and C and HIV. I understand that such testing is necessary to protect the employees of VHS or its entities, and contracted healthcare workers exposed to my blood or other bodily fluids while I am a patient at the facility. I agree to release of results to the Employee Health /Emergency Department provider.

I HAVE HAD THE OPPORTUNITY TO READ THIS FORM OR TO HAVE IT READ TO ME AND TO HAVE MY QUESTIONS ANSWERED.

PATIENT/LEGAL REPRESENTATIVE/SPOUSE SIGNATURE	WITNESS (to signature only)
PRINT PATIENT NAME	
RELATIONSHIP TO PATIENT	DATE/TIME

Notes

Holyoke
Medical Center
Specialty Pharmacy

P: 413.535.4803
F: 413.535.4798

575 Beech Street, 3rd Floor
Holyoke, MA 01040

Monday-Friday:
8:00 am - 4:30 pm