

# WELCOME!



We use Guardian of Anaheim as our pharmacy provider. Through our partnership with Guardian of Anaheim, we can deliver the best possible service and ensure you get the medications you need, when you need them, safely – and at the right price.

## WHY USE GUARDIAN?

- **Cost Management** – Guardian coordinates directly with your physicians and third-party insurance providers to ensure minimal out-of-pocket medication costs
- **Billing Support** – Unlike a retail pharmacy, Guardian bills medications monthly, and their local billing staff is always ready to answer billing-related questions
- **Medicare Guidance** – The pharmacy helps you understand your Medicare Part D coverage and can offer one-on-one consultations during open enrollment
- **Clinical Support** – Guardian conducts ongoing medication reviews to ensure you're on the appropriate drug regimen
- **Compliance Packaging** – Easy-to-use packaging options, required by our community, organize your medications and minimize the risk of error
- **Timely Delivery** – Scheduled and emergency deliveries are available 24/7, eliminating trips to a local retail pharmacy
- **Integrated Technology** – Guardian's seamless integration of our community's electronic medication administration record (eMAR) system eliminates transcription errors and improves medication management

Guardian of Anaheim designs services to make sure you never have to worry about your medication needs. That's why the community has chosen Guardian of Anaheim as our preferred pharmacy provider.

In order to receive service by Guardian of Anaheim, please complete the enclosed paperwork and email or fax to the pharmacy:

## GUARDIAN OF ANAHEIM SERVICES

**184 E LIBERTY AVENUE, ANAHEIM, CA 92801**

**714-461-0138 fax**

**714-220-0720 phone**

If you do not want to use Guardian of Anaheim as your provider, you have the choice to opt out of their services. However, using any pharmacy other than Guardian of Anaheim will incur a [\$] fee. If you still wish to use another pharmacy, please sign and return the pharmacy opt-out letter to our community staff.

Thank you



# PHARMACY SERVICES AGREEMENT

GUARDIAN PHARMACY OF ANAHEIM SERVICES  
184 EAST LIBERTY AVENUE, ANAHEIM, CA 92801  
714-220-0720 phone 714-461-0138 fax

This is an agreement for pharmacy services with Guardian Pharmacy of Anaheim and

\_\_\_\_\_ and \_\_\_\_\_  
[RESIDENT] [RESPONSIBLE PARTY]

In exchange for Guardian Pharmacy of Anaheim's agreement to provide me with medications, I agree to the following terms and conditions:

1. **AUTHORIZATION FOR MEDICAL TREATMENT.** I authorize Guardian Pharmacy of Anaheim, at the direction of my physician, to provide medications to me. I certify that no guarantee or promise, express or implied, has been made to me in conjunction with the medications that have been prescribed for me.
2. **MEDICAL RESPONSIBILITY.** I understand that I am under the supervision and control of my attending physician and that my physician has prescribed the medication therapy that is being supplied by Guardian Pharmacy of Anaheim. Guardian Pharmacy of Anaheim does not provide diagnostics, prescriptions, products, or other functions unless otherwise authorized in writing by a physician. Accordingly, I understand that it is solely the responsibility of my physician to advise me on prescription medications and therapies, including why they are part of my treatment and how they may impact my condition.
3. **AUTO-REFILL PROGRAM.** The pharmacy offers a program to automatically refill prescriptions to Facilitate/Streamline the refill process for the patient/patient agent (Facility). I understand that Guardian Pharmacy of Anaheim can fill my prescribed medication on an auto-refill cycle, per California state reg (CCR 1717.5), this includes all prescribed/ordered medication, including over-the-counter medications, that are prescribed/ordered by my prescriber(s). I authorize Guardian Pharmacy to enroll me in the auto-refill program for all current and future prescriptions ordered by my prescriber(s), unless otherwise specified in writing by the patient agent/patient.
4. **FACILITY INVOLVEMENT.** I understand and agree that in order to provide me with the best treatment possible, Guardian Pharmacy of Anaheim may share health information related to my medical condition, treatment, medication regimen, etc. with my long-term care facility or any of my treating physician. In recognition of this need, I authorize Guardian Pharmacy of Anaheim to share any necessary patient health information related to me with my facility or physician. I also authorize facility personnel to purchase medications, or other health care products that I may need, on my behalf.
5. **FINANCIAL RESPONSIBILITY.** In consideration of Guardian Pharmacy of Anaheim supplying me with physician-requested products or services, I agree and accept responsibility for the payment of all sums that may become due for medications provided to me by Guardian Pharmacy of Anaheim. If, for any reason, Guardian Pharmacy of Anaheim does not receive payment from my insurer or a third-party payor that is obligated to pay for my medications, I do hereby agree to pay Guardian Pharmacy of Anaheim directly for the unpaid balance within thirty (30) days of each monthly statement date. A credit card may be required to secure your account. Some commercial insurance plans do not cover Long Term Care (LTC) Services. If your plan does not cover these services, a fee for LTC services may be reflected on your statement.
6. **PAYMENT OF BENEFITS.** I authorize Guardian Pharmacy of Anaheim to submit a claim(s) to my insurance carrier or a third-party payor that is obligated to pay for all covered prescriptions or durable medical equipment. I further direct my insurance carrier or third-party payor to issue any payments directly to Guardian Pharmacy of Anaheim.
7. **ASSIGNMENT OF BENEFITS.** I authorize Guardian Pharmacy of Anaheim to request and collect on my behalf all public and private benefits due for the products and services supplied by Guardian Pharmacy of Anaheim. In the event any payments are made directly to me, I agree to promptly endorse and forward such payment to Guardian Pharmacy of Anaheim.
8. **UNPAID INVOICES.** Guardian Pharmacy of Anaheim encourages residents to keep their accounts in good standing. However, if my account becomes past due, I agree that any amounts outstanding for more than thirty (30) calendar days shall bear interest from the due date of such invoice, at the lesser of one and a half percent (1.5%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs or expenses incurred by Guardian Pharmacy of Anaheim related to collection efforts, including reasonable attorneys' fees and court costs.
9. **WITHHOLD SERVICES.** Guardian Pharmacy of Anaheim reserves the right to discontinue services to my account if I have not paid the account in full within 60 days. Payments that remain delinquent may be turned over to collections.
10. **RELEASE OF INFORMATION.** I authorize any insurer or third-party payor who provides me with coverage to disclose to Guardian Pharmacy of Anaheim any information regarding such coverage, including but not limited to the scope and extent of coverage available, as well as information related to any payments made on my behalf for services rendered by Guardian Pharmacy of Anaheim. I also authorize all medical personnel to disclose information to Guardian Pharmacy of Anaheim relating to my medical history as it related to pharmacy services or therapy.
11. **HIPAA AUTHORIZATION.** I give permission to Guardian Pharmacy of Anaheim to use or disclose certain aspects of my health information to: the individual listed as my personal representative, my long-term care facility, federal and state health agencies, insurance companies, third-party data aggregators, pharmacy benefit managers, and other health-related agencies.

## **NOTICE OF PRIVACY PRACTICES** [<http://guardianpharmacy.com/hipaa-privacy-policy/>]

I certify that I have received a copy of Guardian Pharmacy of Anaheim's privacy practices and have been given an opportunity to review the document and ask questions to assist my understanding of resident's rights relative to the protection of resident's health information. I know that I can access the Notice of Privacy Practices on the Guardian Pharmacy website at [<http://guardianpharmacy.com/hipaa-privacy-policy/>]. I further acknowledge that I am satisfied with the explanations provided to me and am confident that Guardian Pharmacy of Anaheim is committed to protecting my health information. I certify that I have read and understand this agreement:

## **NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES**

I certify that I have received a copy of Guardian Pharmacy of Anaheim's Notice of Non-Discrimination and Complaint Procedures and have been given an opportunity to and did review the document including the free disabilities aids and language services available and was given an opportunity to ask questions to assist my understanding of it. I am confident I understand my rights and my options if I believe I have been discriminated against or guardian has failed to provide certain services.

## **INJURY, INFECTION AND EMERGENCY PREPAREDNESS**

I certify that I have received a copy of Guardian Pharmacy of Anaheim's Injury, infection, and emergency preparedness protocol and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

## **PAYMENT INFORMATION**

I certify that I have received a copy of Guardian Pharmacy of Anaheim's payment information and understand the available ways to pay my bills and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

**I UNDERSTAND AND HAVE REVIEWED THE NOTICE OF PRIVACY PRACTICES, THE NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES, THE MEDICARE CAPPED RENTAL & INEXPENSIVE OR ROUTINELY PURCHASED ITEMS, INJURY, INFECTION AND EMERGENCY PREPAREDNESS, AND THE PAYMENT INFORMATION DOCUMENTS AND AGREE TO BE BOUND BY THEM.**

**Signature** [Resident or Responsible Party]: \_\_\_\_\_ **Date:** \_\_\_\_\_

# RESIDENT ENROLLMENT FORM



## RESIDENT INFORMATION

RESIDENT NAME \_\_\_\_\_  
[FIRST] [MIDDLE INITIAL] [LAST]

SSN# \_\_\_\_\_ DOB \_\_\_\_\_ MEDICARE ID# \_\_\_\_\_ ☐ MALE ☐ FEMALE

COMMUNITY NAME \_\_\_\_\_ APT# \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_

MEDICAL DIAGNOSIS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

## PRESCRIPTION DRUG INSURANCE

PRESCRIPTION INSURANCE PLAN \_\_\_\_\_ CARDHOLDER ID# \_\_\_\_\_

RX GROUP# \_\_\_\_\_ RX BIN# \_\_\_\_\_ PCN# \_\_\_\_\_

RELATIONSHIP TO CARDHOLDER: ☐ SELF ☐ SPOUSE ☐ OTHER \_\_\_\_\_

*\*A PHOTO COPY OF THE INSURANCE CARD [FRONT AND BACK] MUST BE INCLUDED FOR THE PHARMACY TO PROCESS INSURANCE*

## RESPONSIBLE PARTY INFORMATION

PRIMARY \_\_\_\_\_ RELATIONSHIP TO RESIDENT \_\_\_\_\_  
[FIRST] [LAST]

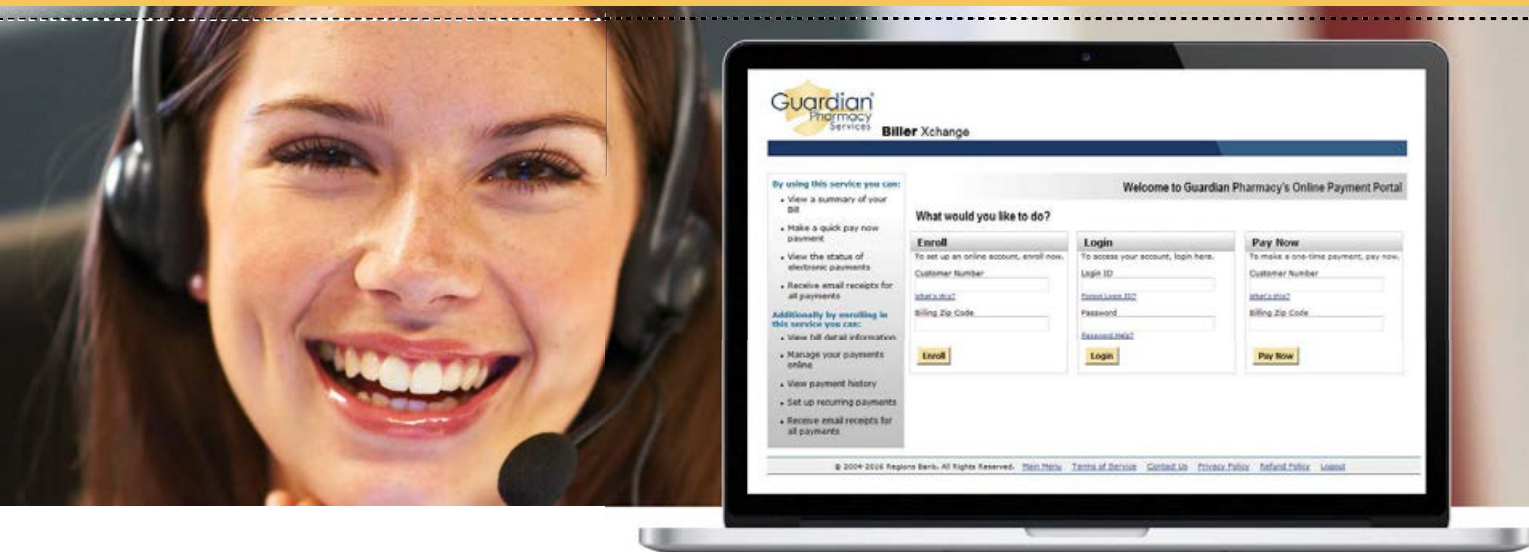
PHONE \_\_\_\_\_ ☐ HOME ☐ CELL EMAIL \_\_\_\_\_

ADDRESS\* \_\_\_\_\_  
[STREET] [CITY] [STATE] [ZIP CODE]

*\*MONTHLY STATEMENTS WILL BE MAILED TO THIS ADDRESS*

SECONDARY\* \_\_\_\_\_ RELATIONSHIP TO RESIDENT \_\_\_\_\_  
[FIRST] [LAST]

PHONE \_\_\_\_\_ ☐ HOME ☐ CELL EMAIL \_\_\_\_\_



# Guardian Anaheim Now Offers Two Additional Ways to Pay

## PAYING YOUR BILLS IS FAST, EASY AND SECURE

It's your choice. You can choose **online bill pay** or use our new **automated pay by phone** feature, simplifying the payment process for residents and their families.

Either way, all you need is your invoice access code and your billing zip code to get started. You then have 24/7 access to make completely secure payments from anywhere at anytime with no fees.

• You can always still call your local pharmacy during business hours to pay or with any questions concerning your bill - that option has not changed.

	ONLINE BILL PAY	PAY BY PHONE
24/7 access		
Make a quick one-time payment		
Secure/HIPAA compliant		
Free, absolutely no fees		
Set up recurring payments		
View the status of electronic payments		
Receive email receipts for all payments		
View bill detail information / payment history		

For existing customers already enrolled in recurring payments, you will need to switch to the new online bill pay portal. This can be done by calling the pharmacy directly or by visiting the new URL and creating a new account with recurring payments. We apologize for this inconvenience and are happy to assist with making the transition as seamless as possible.

## NO FEES

There are no additional fees when you pay your bill online or use the automated pay by phone - this service is completely free!



To learn more and get started, visit  
[payanaheim.guardianpharmacy.net](http://payanaheim.guardianpharmacy.net)



Or call to make automated payments  
**855.931.3829**

For additional questions, please contact the  
Billing Department at 714.220.0016



# THE RIGHT TO CHOOSE YOUR PHARMACY PROVIDER



## PHARMACY OPT-OUT

Your community has chosen Guardian Pharmacy of Anaheim as its preferred pharmacy because of the outstanding service we provide to our residents. However, the Centers for Medicare and Medicaid Services (CMS) guarantees a beneficiary his or her right to a choice of pharmacy providers. We sincerely hope you choose Guardian Pharmacy of Anaheim as your provider, but we will honor your choice if you prefer another provider.

This form is only for those who do NOT wish to receive their medications from Guardian Pharmacy of Anaheim and would like to “opt-out” or decline the services provided by Guardian Pharmacy of Anaheim.

By signing this form, you are acknowledging the following:

- You are choosing to use a pharmacy provider that is not Guardian Pharmacy of Anaheim.
- You agree to assume the responsibility of tracking, ordering, and having prescription medications delivered to your community.
- You agree to incur the fee charged by your community each month for utilizing a non-preferred pharmacy.
- If a prescribed medication is not available for administration, I consent the community to order a 7-day supply from Guardian Pharmacy of Anaheim at my cost while I arrange to have another provider deliver a full supply of the medication. The community is obligated by the State of California to administer medications as they are ordered and an excuse of “not available” is not permissible.

If you would like to use your community’s preferred provider, Guardian Pharmacy of Anaheim, please disregard the signature block below. Sign below ONLY if you wish to use a pharmacy other than Guardian Pharmacy of Anaheim.

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Resident/Responsible Party

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Date

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Community Representative

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Date

# BILL OF PATIENT RIGHTS AND RESPONSIBILITIES

As our customer, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

**RIGHTS:** As the patient/caregiver, you have the right to:

- Be treated with dignity and respect
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment
- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care
- Be notified in advance of any change in your plan of care and treatment
- Be provided equipment and service in a timely manner
- Receive an itemized explanation of charges
- Be informed of company ownership
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property
- Be informed of potential reimbursement for services under Medicare, Medicaid or other 3<sup>rd</sup> party insurers based on the patient's condition and insurance eligibility
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third-party insurers. (to the best of our knowledge)
- Be notified within 30 working days of any changes in charges for which you may be liable
- Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed, if Guardian Pharmacy of Anaheim is unable to provide services then we will provide alternative resources
- Purchase inexpensive or routinely purchased durable medical equipment
- Expect that we will honor the manufacturer's warranty for equipment purchased from us
- Receive essential information in a language or method of communication that you can understand
- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected
- To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law

**CLIENT RESPONSIBILITIES:** As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Participation as in the plan of care/treatment.
- Notify the company of any change in condition, physician orders, or physician.
- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

**OUR RIGHTS:** As your pharmacy of choice, we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our pharmacy to secure medication or durable medical equipment.
- To refuse services to anyone who enters our pharmacy and is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.



# Keep Your Community Safe from COVID-19

As the international COVID-19 pandemic spreads, resident safety is more important than ever. Fortunately, you can help protect your community by using their preferred pharmacy, Guardian Pharmacy.

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## Community Security

One of the best ways to protect your residents and community is to limit the number of outside vendors who visit your property. Your community has already selected Guardian as their trusted – preferred pharmacy partner and we're currently providing safe deliveries on a daily basis. By getting more of your residents onboard with Guardian, you can keep them safer by reducing outside traffic in the community.

## Pharmacy Security

Unlike retail community pharmacies, Guardian is not open to the public. As a closed-door pharmacy, our team follows strict safety precautions like limiting person-to-person contact in the workplace. By keeping our team safe, we can keep your residents and staff safe too.

## National Resources & Supply Chain

Right now, having a reliable supply of medications is a top concern for communities everywhere. Our team works with several drug wholesalers and distributors nationwide, meaning we have a deep and trusted supply channel to get the medications your residents need.

## OTC Deliveries

When responsible parties visit public pharmacies to pick up OTCs, or schedule OTC deliveries from another company, that increases the risk of contagious individuals visiting your community. Guardian delivers over-the-counter medications with the rest of your residents' drug regimens, helping to increase safety and security for your community.

## Local Support

Our team works nearby, so we know exactly what's going on in your community's area. We are taking every precaution against COVID-19, because it affects your residents and our own families. We are committed to keeping everyone as safe as possible.

## Professional Preparation

Guardian has been in close contact with the CDC (Centers for Disease Control and Prevention) and the CMS (Centers for Medicare & Medicaid Services). We have pandemic and contingency plans in place, and we can utilize other pharmacy locations if communities need to transfer or evacuate residents.

## Direct, Reliable Communication

Our pharmacists are here to answer any questions your residents might have. Beyond our personal communication, our IT capabilities also allow us to relay messages using methods like email and virtual meetings in the instance of a crisis. As the community's preferred pharmacy, we provide and coordinate the medical administration records to the community unlike the retail pharmacy you use. If the community is using electronic medical administration records, we are the only pharmacy linked directly into their system therefore allowing direct electronic communication with the community and physicians.

## Specialized Support

Guardian Pharmacy is a team of specialists. We have licensed pharmacists, nurses, and pharmacy technicians and many other additional resources on our side to keep your community prepared and protected.

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**Your community is safer with Guardian Pharmacy.**



184 East Liberty Avenue, Anaheim, CA 92801  
714-220-0720 | [guardianpharmacyanaheim.com](http://guardianpharmacyanaheim.com)