

Repackaging Acknowledgment

When you or your loved one resides at a skilled nursing facility where medication is distributed by skilled nurses or medical technicians the medication has to be in a **blister card** – sometimes referred to as a **bubble pack** – like that in the image to the left. The reason is to remain compliant with state and federal regulations regarding the storage and distribution of these prescriptions to the patient. Please see the table below for repackaging pricing; **however, if you elect to have the prescription filled at OC Pharmacy, there is no charge for the bubble pack** – only the patient co-pay, if any. Should you desire to receive the prescription elsewhere and have OC Pharmacy repackage the prescription we have outlined our policy and procedure below.



Repackaging 101:

When we receive the medication, we will take it from the bottle and repackage it into a bubble pack(s). Each pack will have an OC Pharmacy prescription label affixed to it noting both the original directions for that prescription as well as the prescription number of the original pharmacy that filled the medication. This service is billed based on quantity of pills packaged:

Drug Quantity (in pills)	Cost per prescription
1 - 60	\$10/prescription
61 - 90	\$20/prescription
91 - 120	\$30/prescription
120 - 150	\$40/prescription
151+	\$5 per blister card

Medicare and other Insurance companies **do not** cover the cost of repackaging. This is an out-of-pocket expense *in addition* to the co-pay you may have already paid to the pharmacy that filled the prescription. **If you acknowledge these terms please sign below.** If you'd like for us to fill the prescriptions so that you are not charged for bubble packs, please have ready the list of your medications and the phone number of the pharmacy you currently are using and call us at (800) 429-5102 or fill out the prescription transfer request on our website at www.ocpharmacy.net/pharmacy-transfer-rx

I have read and understand the above information regarding the repackaging service offered by OC Pharmacy and agree to pay for the service and any applicable fees. Fees may include but are not limited to: late-fees, prescription history print-outs, extra copy of statement, etc. Should I make a valid payment on-time I understand that I will only be charged the designated price as outlined above. I understand that I have the option to transfer prescriptions to OC Pharmacy and have OC Pharmacy fill the prescription so that I am not charged for repackaging services.

Signature *must be signed by financially responsible party

Date

Name (please print)

Relation to Patient