**LANCASTER UROLOGY**

**dba Keystone Urology Specialists**

**IN-OFFICE DISPENSARY**

**PATIENT WELCOME**

**INFORMATION PACKET**

Keystone Urology Specialists’ customers have a right to be notified in writing of their rights and obligations before care/service is begun. Keystone Urology has an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following:

**Welcome to Keystone Urology and our In-Office Dispensary!**

We provide dispensing of certain medications used to treat urological conditions and provide counseling on new drugs as well as monitoring your compliance with the prescriptions. Lancaster Urology is only licensed in the state of Pennsylvania and will only deliver to patients within the state lines. If a patient from across state lines is being treated by our physicians and needs a prescription filled, it will have to be physically picked up by the patient.

The Dispensary will bill your prescription to your insurance company and will obtain all necessary prior authorizations as quickly as possible. We only fill prescriptions that are in network.

IF YOU HAVE COMMERCIAL INSURANCE, we will inform you of your copay and any possibilities of a copay card that may be available from the drug company. You will be responsible for any remaining balance not covered by the insurance or copay card at the time of delivery.

IF YOU HAVE MEDICARE PART D, we will inform you of your copay at the time we process your insurance bill.

IF YOU CANNOT AFFORD YOUR COPAY, we will:

Investigate availability of non-profit foundation copay assistance for you

Assist you in completing an application for a non-profit foundation

Notify you when we receive approval or denial from the copay foundation

You will be responsible for the balance unpaid by the insurance company and copay foundation at the time of delivery of your medication.

IF YOU DO NOT HAVE INSURANCE, the Dispensary Technician will investigate patient assistance programs. They will also assist you with an application, if necessary. Then, they will either coordinate delivery of the drug from drug company, or process the billing information from the foundation or voucher card.

If there is no patient assistance available, you have the option of paying the full balance due as defined by the Usual and Customary price of the drug, or our Dispensary staff will alert your prescribing physician of the situation so that they can reevaluate drug therapy

Eligibility Criteria

In order to have your prescription filled by our In-Office Dispensary:

1. You must have a valid prescription for all prescription products
2. You must have a prescription written by a physician of Lancaster Urology

Hours of Operation

1. Monday to Friday 8:00 AM to 5:00 PM
2. Closed on New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day
3. Reserve the right to close in case of emergencies or other clinic closings
4. When the Dispensary is closed, the phone system rolls over to an after-hours answering service which gives the patient instructions on how to contact the on-call physician as well as the option to leave a message for the next business day for the Dispensary staff.
5. All physicians have contact phone number and email of Physician in charge and Supervisor of Dispensary in case of an emergency
6. There is a physician call schedule in which physicians are available to patients 24 hours a day and 7 days a week. If there is a patient question regarding Dispensary services that a physician cannot answer, he may contact the Physician-in-charge and he can answer the question directly to the patient.

You can obtain prescription order status and claims-related information by contacting the dispensary by phone or email.

**Contact Information**

**Keystone Urology Specialists**

**2106 Harrisburg Pike**

**Suite 200**

**Lancaster PA 17604**

**717-393-1771 Ext. 4595**

EMAIL: shelvyf@keystoneurology.com

**PATIENT’S RIGHTS - YOU HAVE THE RIGHT TO:**

1. Be fully informed in advance about services/care to be provided, including the company representatives that provide care/services, and the frequency of visits as well as any modifications to the service/care plan.
2. Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual.
3. Be informed both orally and in writing, in advance of care being provided of the charges, including payment for care/services expected from third parties and any charges for which the patient will be responsible
4. Receive information about the scope of services that the organization will provide and specific limitations on those services
5. Participate in the development and periodic revision of the plan of care
6. Refuse care or treatment after the consequences of refusing care or treatment are fully presented
7. Be informed of patient rights under state law to formulate an Advanced Directive
8. Be able to identify visiting personnel members through proper identification (name badge, signs, etc.)
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
10. Voice grievances/complaints regarding treatment of care, lack of respect of property, or recommend changes in policy, personnel, or services without restraint, interference, coercion, discrimination, or reprisal
11. Have complaints regarding treatment or care, or lack of respect of property investigated
12. Confidentiality and privacy of all information contained in the patient record and of protected health information
13. Be advised on agency’s policies and procedures regarding the disclosure of clinical records
14. Choose a health care provider
15. Receive appropriate care without discrimination in accordance with physician orders
16. Be informed of any financial benefits when referred to an organization
17. Be fully informed of one’s responsibilities

**PATIENT’S RESPONSIBILITIES:**

1. You have the responsibility to:
2. Adhere to the plan of treatment or service established by your physician.
3. Adhere to the company’s policies and procedures.
4. To submit any forms that is necessary to participate in the program, to the extent required by law.
5. Complete a HIPAA release authorization form
6. Sign a form acknowledging receipt of HIPAA Privacy Notice
7. Participate in the development of an effective plan of care/treatment/services.
8. Provide, to the best of your knowledge, accurate, complete, and up-to-date medical and personal information necessary to plan and provide care/services including the following:
9. Demographics
10. Contact information
11. Employer
12. Insurance Information
13. Provide any necessary forms and documentation needed to participate in patient management programs, to the extent required by law.
14. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
15. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
16. Be available at the time deliveries are made and to allow Lancaster Urology’s representatives to enter your residence at reasonable times to repair or exchange equipment or to provide services.
17. Notify the company if you are going to be unavailable.
18. Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
19. Provide a safe environment for Lancaster Urology’s representatives to provide services.
20. Care for, store, and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose it was prescribed and only for/on the individual for whom it was prescribed.
21. Communicate any concerns about your/caregiver’s/family member’s ability to follow instructions or use the equipment provided.
22. Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of the company and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases the company from any liability related to the equipment and its uses, and from any resulting negative customer outcomes.
23. Except where contrary to federal or state law, you are responsible for equipment rental and sale charges which your insurance company or companies do not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by company administration.
24. The company should be notified of any changes in your physical condition, physician’s prescription or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent.
25. You will notify the Dispensary of any concerns about the care or services provided. These concerns will be addressed as noted in the company’s complaints resolution policy.

**COMPLAINTS**

Each patient has the right to file complaints regarding their safety or satisfaction. This policy lists the ways by which patients may file complaints. Lancaster Urology will investigate and address each complaint, grievance, or concerns as described in this policy

A patient has the right to file a complaint or grievance either verbally or in writing. They may make these known to any employee who will then refer the patient to the proper management to handle complaints as listed below. Dispensary Manager – (Name/Phone Number)

Physician in Charge – Paul R. Sieber, MD

 psieber@keystoneurology.com

 717-393-1771

Privacy Officer – Shelvy Frank

 shelvyf@keystoneurology.com

 717-940-2565 (cell) or 717-723-4579 (office)

Once a complaint or grievance is received, it will be investigated, documented, and responded to by management:

1. Verbally within 5 days
2. In writing within 14 days

Documentation of complaint resolution will include:

1. Demographic information of patient
2. Nature of Complaint
3. Date of complaint
4. Date of investigation
5. Findings of investigation
6. Conclusions
7. Corrective Action Plan (if necessary)
8. Date of patient contact