



Pharmacy Delivery Agreement

Between

Name of Agency/Care Facility: FACILITY NAME: _____

Long Term Care Facility, Assisted Living, Group Homes, Individual Patients

Victory Pharmacy is proud to offer a free delivery service to ALL the FACILITY NAME: _____ LTC patients from now upwards. Due to the volume of FACILITY NAME: _____ LTC patients that will rely on this service, it will be necessary to implement new policies before so that we can better manage our staff and costs involved to have the ability to continue to offer this service for free.

Most of our FACILITY NAME: _____ LTC patients will not see any costs involved with new policies that we have had to put in place to manage our delivery program. There is however, a small percentage of customers who will drive our costs up by abusing this free service with frequent delivery requests and by carrying past due balances. Those customers who are not utilizing our free services wisely will be the ones who will now begin to see additional fees for their deliveries.

All our care facilities or individual patients that receive delivery from Victory Pharmacy will need to have a signed delivery agreement on file.

As of June 1st, 2019, Victory Pharmacy's delivery policy will offer one (1) free weekly delivery of refilled prescriptions to our FACILITY NAME: _____ LTC patients Monday through Friday between the hours of 11:30 pm and 5:00 pm.

If a patient from any FACILITY NAME: _____ LTC is enrolled in a special compliance program with Victory Pharmacy, he or she delivery times may differ and will be indicated on a separate agreement with the agency responsible for providing the services for the patient.

Requirements for Delivery:

This service is free only if a prescription item is being delivered. Over-the-Counter items may accompany the prescriptions as needed but if a customer is requesting **only** an Over-the-Counter item without a prescription there will be a \$5.00 fee added to the cost.

Victory Pharmacy needs to have at least **24 hour notice** for a delivery request for a refill to allow us adequate time to contact the prescriber ~~for refills if needed~~, process, prepare and deliver your medication. If a refill request is urgent and needed the same day there will be a fee of \$5.00 will be waived for the first time.

Each FACILITY NAME: _____ LTC patients or individual patients of Victory Pharmacy is allowed one (1) free delivery of refilled prescriptions per week; any additional refilled deliveries within the week will cost \$2.00 per delivery. Victory Pharmacy will not charge a fee for a second delivery if it is a new prescription or change in a medication that needs to be delivered.

If FACILITY NAME: _____ LTC patients or individual patient is not home for a requested delivery the Delivery Driver will bring the prescription back to the pharmacy at the end of his/her route after 5:00 pm, and will be available for the Care facility representative or individual patient or any other authorized representative from the agency to pick up. If Care facility patient or individual patients prefer a second delivery attempt made, they will need to call the pharmacy and there will be a second delivery fee of \$2.00.

Victory Pharmacy will not attempt a third delivery. If a second delivery is not completed the prescription order will remain at the pharmacy to be picked up.

Each customer is required to have a Victory Pharmacy in-house charge account (co-pay) **in good standing** to be eligible to receive a delivery. We will send out monthly statements during the first week of each month for the previous month's charges to the care facility. If an account goes 30 days or more past due, our Care facility patient or individual patients will be required to pick up all of their prescriptions until the balance of their copay is paid off. Our Delivery Drivers can accept payment in the form of cash, check or money order but

cannot give change back for cash payments that are made. A payment can also be made by phone to one of our staff members with a debit or credit card.

Our FACILITY NAME: _____ LTC patient must provide reasonable access to the delivery location so that the delivery drivers are able to safely deliver the prescriptions.

All FACILITY NAME: _____ LTC patients must provide correct insurance information during intake of medication/prescriptions to be filled at Victory Pharmacy.

Victory Pharmacy's FACILITY NAME: _____ LTC patients or individual patients or authorized agent must be present to sign a "proof of delivery" handheld electronic unit or back-up paper manifest to indicate receipt of delivery. A prescription delivery **cannot** be left without obtaining a signature.

I have read this document, understand it, and have had all questions answered.

FACILITY NAME: _____ *Facility*

Agency Name

Agency/Representative Signature

Date

PHARMACIST SIGNATURE