



IMPORTANT

PARENT INFORMATION AND
REGISTRATION PACKET

REQUIRED FOR ALL
NEW AND RETURNING
PATIENTS
TO COMPLETE YOUR
REGISTRATION

Step #1 Basic Information

Thank you for completing the online portion of the registration process for the GroupRx medication program. This guide will assist you in completing your registration(s) and forwarding the information to us for processing.

Please remember that we need to receive your information at the pharmacy at least 30 days prior to the start of your Camp session or the first day your child will arrive at School.

We are excited to work with you and your family and look forward to making a detailed process as simple and straightforward as we can. If you need telephone support, please call us during business hours at (877) 230-6030.

What's Happens Next?

Now that the online portion of the registration has been completed, you will print the **PATIENT SUMMARY** form from the parent dashboard, assemble the original prescriptions, insurance card copies, sign the credit card authorization form and forward the package to our registration team for processing.

We send a lot of email. Once we receive your information at the pharmacy, we will send you an email to let you know. As each item is entered and reviewed we will forward you an email with the status. If any of the information requires further assistance we will either send you an email or give you a call. Once all of the information has been received, reviewed, and accepted your registration will be complete and we will send you and the Camp/School an email indicating that you are all set! Once the medication has been shipped you will receive another email.

Your information should be sent to:

GroupRx - Registration Department
255 Valley Boulevard
Wood Ridge, NJ 07075

Your package must include the following:

Registration Summary. Once you have completed your online registration, you will see a summary of your registration details for each patient. Please print this form and add to your package to send to us. This form will insure that we properly identify the information in the envelope. You can always print an additional summary by logging into your account dashboard.

Original Prescriptions. Please refer to the prescription page in this packet. This page will more fully explain what is required for each prescription you will forward to us. Remember, original prescriptions are required for all medications we will be dispensing, including over the counter items (such as Tylenol, Advil, Allergy medication). We have provided a letter to assist your physician with the specific requirements for writing prescriptions for controlled medications.

Insurance Card Copies. Provide a clear copy of the front and back of each of your prescription insurance cards.

Credit Card Authorization Form. Please complete this form and sign where indicated. The credit card you provide on this form can be a health benefit credit card if applicable and does not have to be the same card you used for your online payment.

Vitamins. If you added vitamins while registering online, please provide a prescription for each item. If you registered online for a special brand of over the counter vitamins and supplements which are not available at our pharmacy, please complete the attached vitamin form and include a factory sealed bottle of the item for us to package. We require an original prescription for these items which **MUST** be included in the package.

Step #2 PRESCRIPTIONS

Provide original prescriptions only for EACH medication you registered for online. Please check them twice.

We strongly suggest that you check the prescription to be certain that the medication name, dose, time taken etc. are consistent with your prescription bottle at home. Very often, our team spots inconsistencies between the prescription we receive and the information you entered on line. Most mistakes can be avoided with a simple check.

If you forgot to register for a medication or vitamin its not too late. Log into your parent dashboard and follow the directions to add additional items.

Brand Medication. Make certain that the physician indicates this requirement on the original prescription.

Refills. For patients going to Camp, please provide us with enough refills for the camp period. We cannot call the physician for Camp refills. School patients should provide at least one (we prefer two) refills for all medications and our team will contact your physician for additional refills throughout the school year.

Controlled Substances. Please see the letter that follows this page and provide it to your physician prior to leaving the Doctor's office. We can accept up to 3 sequential prescriptions for controlled substances with a maximum 30 supply for each original prescription. Your physician would write the following in the body of each prescription: "Fill on or after ____". The date to fill in would reflect approximately 2 weeks prior to your child's first session of camp or the first day of school. Refill prescriptions would utilize a date 30 days later. Our registration team is available to speak with your physician as questions arise. A copy of the Physician Instructions is included as the last page of this packet.

Over the counter items (including vitamins and supplements). We require an original prescription for each of these medications with sufficient refills.

Prescription Information. We know it sounds nuts, however each year we receive prescriptions from Doctors who forget to jot down some basic stuff. Such as: patient name, address, birth date, dose amount, time taken etc. We cannot stress enough to check the prescriptions for completeness as well as to match the information you provided online.

90 Day Prescription Plans. GroupRx is not a mail order pharmacy and cannot fill for a 90 days supply. Our team of insurance experts will be available to assist you with specific insurance questions.

Did we miss something or not explain it well? We appreciate your input. Please give us a call and let us know.

STEP #3 INSURANCE

Provide copies of the front and back of EACH medication prescription insurance plan you added online.

Medical vs. Prescription Plans. Check the cards and confirm that we receive the prescription card. In some cases prescription plan information is listed on the medical insurance card. Generally, the card you provide your local pharmacy is the one we need.

A little help can save you a lot of money. As you know, we will attempt to process every medication through your insurance plan. If prescriptions are filled at home very close to the start of your session or just ahead of your child returning home, we may not be able to process your insurance. In this case, we will ship the medication and charge your credit card. Once we receive payment from your insurance carrier we will credit your account. Unfortunately, we cannot guarantee that your plan will cover the medications and this could become very expensive. If you need a refill just prior to the session start date, it might be more economical for our pharmacy to fill this for you and ship a portion home and the remainder to Camp/School.

Brand Required. If your Doctor requests brand medication we must follow his orders and can only ship brand. Please confirm this ahead of time since many insurance companies will not reimburse for brand medications.

Do you accept my plan? Currently GroupRx processes claims for over 6700 insurance companies. If you have a specific question about your plan please call us.

State Insurance or Medicaid. Currently we can process Medicaid claims for New Jersey and Pennsylvania.

STEP #4 AUTHORIZATION

This form must be completed for EACH credit card you submit.

You can provide us separate credit card information for ongoing fees and medication. Please indicate which card is to be used for each purpose.

HSA and FSA Cards: Please indicate what type of card you are submitting so we can process payment correctly.

For security purposes, the credit card information you provided with your initial online registration is not saved for future use. We require a completed credit card form to process and complete your order.

Card Type (Visa/MasterCard/ American Express, Discover)	
Name on Card:	
Billing Street Address	
City/State/Zip	
Card Number:	
Expiration Date:	
Security Code:	
Card Type? (FSA, HSA etc.)	

I acknowledge and assume responsibility and grant authorization for Digino's Apothecary/GroupRx and/or its parent company, affiliates to charge the above credit card for registration and sign-up fees where applicable. I also acknowledge responsibility for the cost of any medication not covered by my insurance company, for any medication that Digino's Apothecary/GroupRx cannot get reimbursement for, as well as any co-insurance and deductibles and charges for requested OTC/Sundries which I agree will be billed to my credit card by Digino's Apothecary/GroupRx. I authorize Digino's Apothecary/GroupRx to contact my insurance company for insurance verification, billing, and collections for my medications. As per our HIPPA agreement (available online at www.grouprx.net) all personal information received will be solely maintained for the purposes of dispensing prescriptions and insurance collection and payment. I understand that I am responsible for the costs of all medication changes received after a prescription has been filled or packaged.

Camper Name: _____ Camp/School Attending: _____

Camper Name: _____ Camp/School Attending: _____

Camper Name: _____ Camp/School Attending: _____

Signature of Guarantor: _____

Please Print Name: _____ Date: _____

STEP #5 VITAMINS ETC.

This form must be completed for EACH Vitamin, Supplement or OTC item you registered online which you will supply.

Important Details: The GroupRx pharmacy team will package medications supplied by you at the discretion of the Pharmacist In Charge. A physician's prescription is required for each item as well as a FACTORY SEALED BOTTLE(S) with enough supply for the ENTIRE camp session(s) OR at least the first 90 days of the school year. Depending on the item, it might not be possible to process through our machinery and therefore may be packaged for the program in vials or blister packs. There is a processing and packaging fee of \$8.00 for each 30 day supply of medication. There is no additional cost to ship the packaged medication to the program or to add the dosing information to the Camp/School dispensing forms. Upon request, we will arrange to ship home unused items and shipping fee will be billed to your account.

Patient Name	
Camp/School Name	
Medication Name	
Daily Dose	
Time(s) taken	
Physicians Name	
Patient Phone Number	
Special Instructions	

STEP #6 THANK YOU!

Thank you for allowing us to work with your family! We are excited to be a part of their school or camp experience.

Call us or send us an email with any questions, observations or ideas about how we can better assist you.

How to reach us?

Phone:

(201) 430-7300

(877) 230-6030

Fax: (201) 334-0700 - Important: Prescriptions can only be faxed for *non-controlled* substances and sent directly from the physicians office.

Mail/Fedex/UPS:

GroupRx - Registration Department
255 Valley Boulevard
Wood Ridge, NJ 07075

Email:

registration@grouprx.net

Website:

www.grouprx.net

PHYSICIAN INSTRUCTIONS

Dear Healthcare Provider,

The Camp/School that your patient is attending requires GroupRx to dispense and pre-package all of their medication. All medication in pill form will be dispensed in compliance dose packaging, (uni or multi-dose depending on state specific law). The packages are labeled accordingly with name, date, dosage, administration time, etc. The packaged medication will be sent from our pharmacy directly to the program health center. All prescriptions will be dispensed in 30 day increments only. The deadline for prescriptions to be received is 30 days prior to the start of the camp session.

We appreciate your assistance with these guidelines in order to allow our pharmacy to dispense the medication efficiently to arrive on schedule and without parents/guardians incurring late fees.

Guidelines:

1. Non-Controlled Medication...Please write for a 30 day supply with enough refills to cover the entire camp stay.
2. Controlled Substances (Schedule III-IV)...Please write 1 prescription for each 30 day supply that is needed with enough refills to cover the entire camp stay. The DEA requires that all prescriptions for controlled medication be dated as of and signed on the date when issued.
3. Controlled Substances (Schedule II)...(Concerta, Focalin etc.) The DEA has amended the regulation for writing Schedule II medications. Effective 12/07 you may write 1 prescription for each 30 day supply sequentially. Please don't postdate. The body of the prescription must provide written acknowledgement that indicates the earliest date that the pharmacy may fill. For example: A prescription dated 5/15/09 for X drug should say, Do Not Fill before 6/15/09. Another prescription written on 5/15/09 Do Not Fill before 7/15/09.
4. Please include license # and DEA# on all prescriptions. These are required by law.
5. Our pharmacy is located in a state where state law allows a Schedule II prescription to be filled up to 30 days from the date on the prescription.

Thank you for your assistance!

Please call us directly at (877) 230-6030 with any questions, our team is always available to assist you.

Our mailing address is 255 Valley Blvd, Wood Ridge, NJ 07075. Our fax number is (201) 334-0700 (please note that we cannot accept a fax prescription for controlled substances).

Regards,
GroupRx