



Dear Patient,

Welcome to MHP Pharmacy services. The pharmacy team's goal is to make sure you can receive medications quickly, easily and in the most cost-effective manner for you.

Treatment medications for cancer and blood disorders can be awfully expensive (\$10,000-\$30,000 per month). The pharmacy team will need to preauthorize coverage through your insurance and determine if your individual copay is affordable. There are a variety of copay support services that we can help you with.

**To contact pharmacy support copay services please call (734)606-4150 or (844) 696-4779**

Once on therapy the pharmacy team wants to make sure that taking your medication is simple. The pharmacy team will call you on a monthly basis to make sure there are no problems while you are on therapy. These problems can range from side effects with medications, insurance denials or even medication copays being too high. If you experience any problems while on the medication, please feel free to call the pharmacy

**To contact pharmacy for problems with medication please call (734) 606-4150 or (844) 696-4779.**

Typically, you will see your Physician or Advance practice nurse to authorize additional refills. There may be times that refills are needed between appointments. The pharmacy team can communicate with your Physician to help make sure you have needed medication.

**To contact the pharmacy for medication refills please contact us at (734) 606-4150 or (844) 696-4779**



The MHP Pharmacy team takes your prescriptions and the quality with which they are delivered seriously. We want to hear your feedback if there are problems

**To contact the pharmacy for grievances or complaints please call (734) 606-4150 or (844) 696-4779**

**MHP has multiple pharmacy locations.**

**MHP Specialty Pharmacy 734-606-4150  
Hours: Monday- Friday 9am to 5pm**

**MHP Pharmacy TriAtria (Farmington Hills, Retail)  
248-419-3480  
Hours: Monday-Friday 8am-5pm Saturday 9am-2pm**

**MHP Pharmacy of Bloomfield Hills 248-333-7381  
Hours: Monday-Friday 9am-5pm**

If you are trying to reach the pharmacy after hours there are a couple options.

**To contact pharmacy after hours please call (734) 606-4150 to leave a voice mail or choose to speak to our on-call Pharmacist or pharmacy staff member. If there is an emergency and you cannot reach the Specialty Pharmacy, please call either one of our other locations for help.**

The pharmacy offers free delivery service to most areas in Michigan. This is typically a next day service, but sometimes we can accommodate a same day delivery.

**To contact the Michigan state board of Pharmacy please call 517-241-0199 or by email at [bplhelp@michigan.gov](mailto:bplhelp@michigan.gov)**



**Ancillary services required by patients including but not limited to: Dietary Assistance, Hydration Assistance, Social Services, Self-Injection or Self Administration of medications will be referred to either the teaching nurse at the individual physician's office or at the MHP Patient Care center which can be contacted at 248-801-9641. Patients have the option of either using these services or calling MHP Specialty Pharmacy at 734-606-4150.**



**AS A PATIENT, 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. Your Care is tailored to your needs.
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. We will do our best to provide the lowest cost to you regarding your care.
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. Your care plan is developed based on you as an individual and your needs based on your diagnosis.
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 (All staff will be introduced as they meet you and will have their name visible on their person).
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. Patients can ask at any time for an upper administrative manager to resolve issues if needed.

11. Have complaints regarding treatment or care, or lack of respect of property investigated. These complaints will be addressed by an upper management administrator.
12. Confidentiality and privacy of all information contained in the patient record and of protected health information. All staff are trained on HIPPA compliance. There is an onsite HIPPA compliance officer.
13. Be advised on agency's policies and procedures regarding the disclosure of clinical records
14. Choose a health care provider. Patients have a right to choose their health care provider and change to another provider if needed.
15. Receive appropriate care without discrimination in accordance with physician orders.
16. Be informed of any financial benefits when referred to an organization. There are Onsite benefit investigators 5 days a week at three of our locations.
17. Be fully informed of one's responsibilities.

**AS A PATIENT, YOU ARE RESPONSIBLE TO:**

1. Adhere to the plan of treatment or service established by your physician. You also have a right to question or enquire about your care anytime during treatment.
2. Adhere to the company's policies and procedures. Policies and Procedures are in place to assure safety and a comprehensive environment. You may question our policies for clarification at any time.
3. Submit any forms that is necessary to participate in the program, to the extent required by law. You will receive a new patient packet and will also asked to periodically update this information as required.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. Provide any necessary forms and documentation needed to participate in patient management programs, to the extent required by law.
7. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives. This can occur any time during your care.

8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available at the time deliveries are made and to **MHP Specialty Pharmacy** representatives to enter your residence at reasonable times to repair or exchange equipment or to provide services.
10. Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
11. Provide a safe environment for **MHP Specialty Pharmacy**'s representatives to provide services.
12. Care for 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. Staff may question your compliance and use of any medication prescribed.
13. Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
14. 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.
15. 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. This is especially in reference to outpatient infusion pumps which are provided sometimes during your care.
16. 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. It is important to address all your comorbidities; it is your responsibility to inform the medical staff about them so that they can be listed as they may impact your care paradigm.





I \_\_\_\_\_ understand that I have received the MHP Specialty Pharmacy welcome packet. I understand who I should contact should I have any questions or concerns.

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Signature and Date

\*Please return this form signed and dated back to the pharmacy in the envelope provided.

Thanks!

