

THE RIGHT TO CHOOSE YOUR PHARMACY PROVIDER



PHARMACY OPT-OUT

Your community has chosen Preferred Care Pharmacy as its preferred pharmacy because of the outstanding service we provide to our residents. However, the Centers for Medicare and Medicaid Services (CMS) guarantees a beneficiary his or her right to a choice of pharmacy providers. We sincerely hope you choose Preferred Care Pharmacy as your provider, but we will honor your choice if you prefer another provider.

This form is only for those who do NOT wish to receive their medications from Preferred Care Pharmacy and would like to “opt-out” or decline the services provided by Preferred Care Pharmacy.

By signing this form, you are acknowledging the following:

- You are choosing to use a pharmacy provider that is not Preferred Care Pharmacy.
- You agree to assume the responsibility of tracking, ordering, and having prescription medications delivered to your community.
- You agree to incur the fee charged by your community each month for utilizing a non-preferred pharmacy.
- If a prescribed medication is not available for administration, I consent Preferred Care Pharmacy to order a 7-day supply from Preferred Care Pharmacy at my cost while I arrange to have another provider deliver a full supply of the medication. Preferred Care Pharmacy is obligated by the State of SC to administer medications as they are ordered and an excuse of “not available” is not permissible.

If you would like to use your community’s preferred provider, Preferred Care Pharmacy please disregard the signature block below. Sign below ONLY if you wish to use a pharmacy other than Preferred Care Pharmacy.

Resident/Responsible Party

Date

Community Representative

Date