

WellPack Pharmacy Terms of Use

Welcome to WellPack Pharmacy. Before using WellPack Pharmacy Services please read the WellPack Pharmacy Privacy Terms, the WellPack Pharmacy Patient Rights and Responsibilities, the WellPack Pharmacy Nondiscrimination Notice, and these WellPack Pharmacy Terms of Use. By using WellPack Pharmacy Services, you are agreeing to be bound by the terms of the Agreement. If you do not agree to the terms of the Agreement, you may not use WellPack Pharmacy Services.

WELLPACK PHARMACY SERVICES

WellPack Pharmacy provides pharmacy services through its licensed pharmacy and pharmacists. WellPack Pharmacy makes medication easy. We can fill most common prescriptions—and we offer transparent pricing, simple refills, high quality compounded medications and discreet delivery right to your door. WellPack Pharmacy delivers to residents of Tallahassee, FL, and its neighboring counties. Additionally, WellPack Pharmacy offers compliance packaging that helps you manage multiple medications, sorting them into individual packets and delivering them to your door. Our pharmacists are available for consultations. You need to be over 18 to sign up to use WellPack Pharmacy Services. If you're a parent or caregiver, we can help you manage prescriptions for children under 18. Signing up for WellPack Pharmacy Services is simple—and should take about 5 minutes. We'll ask questions about you, your medications, your health history, and more. We recommend having the following information handy to get started:

- **Any insurance information:** We work with most US insurance plans. When you sign up, we'll look up your insurance for you. You can also use WellPack Pharmacy without insurance.
- **A list of medications you take regularly (if you do):** If you don't take any medications regularly or don't have all your medications handy, don't worry. You can always add these details later.

PRIVACY OF YOUR HEALTH INFORMATION

WellPack Pharmacy is subject to HIPAA, which governs how we may use and disclose your Protected Health Information, such as medication history, medical conditions, health insurance information, and other personal information we use to provide prescriptions. Our Notice of Privacy Practices, and not WellPack's Privacy Notice, describes that use and disclosure. Please see our Notice of Privacy Practices for more information on HIPAA, Protected Health Information, and how you may access your Protected Health Information.

HEALTH-RELATED CONTENT

Please carefully review product information and package inserts regarding dosage, warnings, interactions, and other information before administering or using any device, drug, herb, vitamin, or supplement received through any WellPack Pharmacy Service. For other health-related content provided we try to be as accurate as possible, however such content is for reference only and describes general principles of health care and are not specific instructions for individual patients. If you have any questions about health-related content, please contact us at 850-765-4026 or your prescriber.

PAYMENT OBLIGATIONS

You understand and agree that you're responsible for any copays set by your insurance plan, any payment for cash purchases for prescriptions and other products, and any other fees associated with any of our Services. You agree to pay us all charges associated with the requested Services at the prices then in effect and you authorize us, through our payment processor, to charge your selected payment method. If there is an issue charging your selected payment method, we're permitted to charge any other valid payment method associated with your account. If there is no other valid payment method, we'll attempt to contact you. However, in the interim, we may refrain from providing certain Services to you until the payment issue is resolved. You agree to have received all the information about the requirement of paying co-payments and in no circumstance the copayments would be waived. If you have difficulty paying the copayments, contact us so Pharmacist at his/her discretion could decide on a payment plan for smaller payments not to exceed 90 days from the day the service was rendered.

COMMUNICATIONS WITH WELLPACK PHARMACY

You consent to receive communications (including emails, texts, or notices and messages or through other WellPack Pharmacy Services) by or on behalf of WellPack to any email address, phone number, or mobile device associated with your account or otherwise directly or indirectly provided to WellPack. Communications we send to you may include information about closure announcements, your prescriptions, treatment, or benefits, and, in connection with such communications, we may use pre-recorded/artificial voice messages and/or automatic dialing devices. If you choose to share access to your mobile phone, carrier account, email, or WellPack Pharmacy account with others, those individuals might also be able to see this information. Our Notice of Privacy Practices provides more information on how you may receive communications from us.

PATIENT CONSENT

By utilizing WellPack Pharmacy Services, you hereby willingly acknowledge and consent to granting WellPack Pharmacy the right to contact your previously used pharmacies in an attempt to gather your medical records, and to contact your providers on your behalf to confirm that their records are reflective of your preference to utilize WellPack Pharmacy Services in place of your previous pharmacy. By utilizing WellPack Pharmacy services you also hereby acknowledge your decision to do so is of your own will and without incentive or influence from WellPack Pharmacy. WellPack Pharmacy has stringent policy on referrals. All referrals would be accepted as long it meets the WellPack Pharmacy's criteria for transfer and not in lieu of any incentives. Transferring your prescriptions would be based of the service WellPack Pharmacy has to provide and won't be expecting any rewards or incentives from WellPack Pharmacy for your efforts. WellPack Pharmacy appreciates your sincere efforts.

ACCESS TO AND USE OF WELLPACK PHARMACY SERVICES

Except as provided in our Notice of Privacy Practices, WellPack may terminate or suspend your access to and use of the WellPack Pharmacy Services without notice, for any reason, at any time.

MODIFICATIONS

We may change, suspend, or discontinue the WellPack Pharmacy Services, or any part of it, at any time without notice. We may amend any of this Agreement's terms at our sole discretion by posting the revised terms on the WellPackRx.com website. Your continued use of the WellPack Pharmacy Services after the effective date of the revised Agreement constitutes your acceptance of the terms. WellPack's failure to insist upon or enforce your strict compliance with this Agreement will not constitute a waiver of any of its rights.

UNACCEPTABLE OR UNLAWFUL USES

You may not use our website or logos, likeness or any content for any purpose that is unlawful or prohibited by these Terms or to solicit the performance of any illegal activity or other activity which infringes the rights of WellPack Pharmacy or others. You are prohibited from posting on our website or elsewhere any unlawful, harmful, threatening, abusive, harassing, defamatory, vulgar, obscene, sexually explicit, profane, hateful, fraudulent, or racially, ethnically, or otherwise objectionable material of any kind including, but not limited to, any material that encourages conduct that would constitute a criminal offense, give rise to civil liability, or otherwise violate any applicable local, state, national, or international law. You may not use any "deep-link," "page-scrape," "robot," "spider," or other automatic device, program, algorithm, or methodology, or any similar or equivalent manual process, to access, acquire, copy, or monitor any portion of a website or any content, or in any way reproduce or circumvent the navigational structure or presentation of a website, logo, likeness or any content, to obtain or attempt to obtain any materials, documents, or information through any means not purposely made available through one or more websites.

If you submit, publish, or post any materials appropriating likeness to a website or elsewhere, you guarantee to us that you have the legal right to submit or post such materials and that submitting or posting such materials will not violate any law or the rights of any person or entity. You may not publish, submit or post any materials appropriating our likeness to a website or elsewhere that (a) are defamatory, obscene, pornographic, vulgar, threatening, harassing, violent, or otherwise objectionable; (b) encourage unlawful, tortious, or unsafe conduct; (c) advertise goods or services; (d) solicit funds; (e) advocate for any political candidate or position; or (f) are chain letters, mass mailings, or "spam." By submitting, publishing, or posting materials appropriating our likeness to a website or elsewhere, you give WellPack Pharmacy a royalty-free, irrevocable, perpetual, worldwide right to use, distribute, display, and create derivative works from such materials, in any and all media, in any manner, in whole or in part, without any restriction or responsibilities to you. You acknowledge that we have no obligation to monitor or screen user content submitted to our website, but that we shall have the right (but not the obligation) to reject, remove, or delete any user content for any or no reason.

WellPack Pharmacy and its affiliates reserve the right to use all brand-related property owned or created by WellPack Pharmacy, including but not limited to images, logos, and likenesses for promotional purposes. Any nonaffiliated persons must present their request to use the likeness of WellPack Pharmacy to WellPack executives and must receive approval. Any nonaffiliated person in violation of WellPack Pharmacy's name and likeness rights is susceptible to litigation.

DISCLAIMER

Changes these terms can occur anytime. In such cases, WellPack Pharmacy will notify you of changes to these terms of use should they arise.

LIMITATION OF LIABILITY

Without limiting the generality of the foregoing, you agree that WellPack Pharmacy will not be liable for any damages of any kind arising from: the use of the services; the inability to use or access the services; or any information, content or functionality offered through the services. These limitations apply to all losses and damages of any kind, including but not limited to direct, indirect, incidental, punitive, and consequential damages. If you are dissatisfied with any part of the services or these terms of use, your sole and exclusive remedy is to stop using the services. Applicable law may not allow the limitation of liability set forth above, so this limitation of liability may not apply to you. If any part of this limitation of liability is found to be invalid or unenforceable for any reason, then the aggregate liability of WellPack Pharmacy under such circumstances for liabilities that otherwise would have been limited shall not exceed one hundred dollars (\$100).

WellPack Pharmacy Privacy Terms

WELLPACK PHARMACY PRIVACY NOTICE

We know that you care how information about you is used and shared, and we appreciate your trust that we will do so carefully and sensibly.

By using WellPack Pharmacy services, you are consenting to the practices described in this Privacy Notice. WellPack Pharmacy is subject to HIPAA, which governs how we may use and disclose your Protected Health Information ("PHI"), such as medication history, medical conditions, health insurance information, and other personal information we use to provide prescriptions. Our Notice of Privacy Practices, included below, describes our use and disclosure of PHI. Any other personal information not subject to the Notice of Privacy Practices is subject to the WellPack Pharmacy Privacy Notice.

WELLPACK PHARMACY NOTICE OF PRIVACY PRACTICES

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

WellPack Pharmacy is committed to maintaining your privacy and we take our responsibility for safeguarding your Protected Health Information very seriously. WellPack Pharmacy is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with this Notice to help you understand how we may use or share Protected Health Information about you that we obtain to provide services to you. Protected Health Information is the information we receive to provide services to you that identifies you or could be used to identify you and relates to your past, present, or future physical or mental health, treatment, or your payment for treatment. Protected Health Information includes your medication history, medical conditions, health insurance information, and other information we use to provide you your prescriptions.

This Notice applies to WellPack Pharmacy, as we are required to abide by these terms of which explain our legal duties and privacy practices with respect to PHI that we collect and maintain. We will not use or disclose PHI about you without your written authorization, except as described in this notice. If you have any questions about this Notice, please contact the WellPack Pharmacy at the address listed below.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the typical ways that we may use and disclose your Protected Health Information without your written authorization:

- **For Treatment.** Protected Health Information obtained by WellPack Pharmacy will be used in order to dispense your prescription medications, counsel you about the appropriate usage of your medications, and to provide the treatment and services you receive. We will document in your record information related to the medications dispensed to you and services provided to you. We may disclose Protected Health Information about you to doctors, nurses, or other health care providers who are involved in taking care of you. We may also seek Protected Health Information about you from other health care providers and health information networks. For example, in order to fill your prescription, we may request your medical records from your doctor or disclose Protected Health Information to your doctor.
- **For Payment.** We may use or disclose your Protected Health Information in order to bill and collect payment for products or services we provided to you. For example, we may contact your insurance company, health plan, or another third-party to obtain payment for your prescriptions. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.
- **For Health Care Operations.** We may use and disclose your Protected Health Information for our day-to-day health care operations. For example, we may use your Protected Health Information to monitor the performance of the staff and pharmacists providing treatment and services to our customers or to improve the quality and the effectiveness of the health care services we provide.

We may also use and disclose your Protected Health Information without your written authorization as follows:

- **Business Associates.** We may contract with third parties to perform certain services for us, such as accounting services, consulting services, or information technology services. In some cases, these third-party service providers, called Business Associates, may need to access your Protected Health Information to perform services for us. When these services are contracted for, we may disclose PHI about you to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. They are required by law and contract to protect your Protected Health Information.
- **Disclosures to Parents or Legal Guardians.** We may release a minor's Protected Health Information to their parents or legal guardians consistent with applicable laws. For example, parents may order prescriptions on behalf of a minor child and access the child's prescription history.
- **As Required by Law.** We will disclose your Protected Health Information when required to do so by applicable law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your Protected Health Information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Organ and Tissue Donation.** Consistent with applicable law, we may disclose your Protected Health Information to organizations engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Military and Veterans.** If you are a member or veteran of the armed forces, we may disclose Protected Health Information about you as required by military authorities. We may also release PHI about foreign military personnel to the appropriate military authority.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.
- **Research.** We may use your Protected Health Information to conduct research or disclose it to researchers as authorized by applicable law. For example, we may use or disclose your Protected Health Information as part of a research study when the research has been approved by an authorized review body that establishes processes to ensure the privacy of your information.
- **Workers Compensation.** We may disclose Protected Health Information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Activities.** Applicable laws may require or permit WellPack Pharmacy to disclose certain Protected Health Information, for reasons such as: Preventing disease or telling people when they may have been exposed to or may be at risk of contracting a disease; Reporting reactions to medications, problems with products, or product recalls; Reporting information to your employer if we provide health care services to you at the request of your employer; Providing proof of immunization to your school if you are a student or prospective student of the school; and Notifying a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if we believe it is necessary to prevent serious harm to you or someone else.
- **Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities help the government monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We may also disclose Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose Protected Health Information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose Protected Health Information to funeral directors as necessary to carry out their duties.
- **Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents Protected Health Information necessary for your health and the health and safety of others.
- **Specialized Government Functions.** We may disclose your Protected Health Information to units of the government with special functions, such as the U.S. Secret Service for the protection of the President, or the U.S. Department of State to make medical suitability determinations about individuals who are members of the foreign service.
- **Health-Related Communications.** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Food and Drug Administration (FDA).** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

CHOICES YOU HAVE ABOUT CERTAIN USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

For certain Protected Health Information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact WellPack Pharmacy.

- Sharing Protected Health Information with family, close friends, caregiver, or others involved in your care or payment for your care.
- Sharing Protected Health Information in a disaster relief situation.

Unless you object to such sharing, we may disclose your Protected Health Information to a family member or a close friend, or any other person you have identified that is directly relevant to the person's involvement in your care or paying for your care. If you are unavailable prior to a disclosure or otherwise not able to tell us your preference, we may exercise our professional judgment to determine whether sharing your information with one or more of these individuals is in your best interest.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Any other uses and disclosures of Protected Health Information that are not mentioned above will be made only with your written authorization, including the use or disclosure of psychotherapy notes (to the extent we have any), use or disclosure of Protected Health Information for marketing, and for the sale of Protected Health Information (except in limited circumstances where applicable law allows such uses or disclosure without your authorization).

If you provide us authorization to use or disclose your Protected Health Information, you may revoke that authorization in writing at any time by sending a revocation request to the address listed at the end of this Notice. If you revoke your authorization, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made based on your authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your Protected Health Information:

- **Access.** With a few exceptions, you have the right to review and copy your Protected Health Information by submitting a written request to WellPack Pharmacy. We may charge you a fee for the costs of copying, mailing, postage, or other supplies that are necessary to fulfill your request. Upon receiving your request to access your PHI, we are required to respond to you no later than 30 days after the receipt of your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.
- **Amendment.** If you feel that Protected Health Information in your record is incorrect or incomplete, you may ask us to amend the information by submitting a written request to WellPack Pharmacy. You may request an amendment for as long as we maintain the PHI. You must provide a reason for your request. We will respond to your request within 60 days with up to 30-day extension, if needed. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it. In case of denial, you have the right to file a statement of disagreement with the decision. WellPack Pharmacy reserves the right to provide a rebuttal to your statement.
- **Accounting of Disclosures.** You have the right to ask us for a list (accounting) of the times we've shared your Protected Health Information in the six years prior to the date you ask, including with whom we shared it with and why, by submitting a written request to WellPack Pharmacy. We will include all the disclosures we made except for those about treatment, payment, and health care operations, and certain other disclosures such as any disclosures you asked us to make directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to other exemptions, restrictions, and limitations. To request an accounting, you must submit a request to info@wellpackrx.com or call 850-765-4026. Your request must specify the time period but may not be longer than six years. We are required to provide you the accounting within 60 days and with one 30-day extension, if needed.
- **Restricting or Limiting Disclosure.** You have the right to request additional restrictions on our use or disclosure of your Protected Health Information by sending a written request to WellPack Pharmacy. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, the disclosure is not otherwise required by applicable law, and the Protected Health Information pertains solely to a health care product or service for which you, or a person on your behalf, has paid in full.
- **Alternate Communications.** You have the right to request that we communicate with you about health matters in a specific way by submitting a written request to WellPack Pharmacy. For example, you may ask that we only call you at a certain phone number, contact you in writing, at a different residence or post office box. To request confidential communication of PHI about you, you must send a request to info@wellpackrx.com or call 850-765-4026. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Receiving a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices at any time by contacting WellPack Pharmacy, even if you have agreed to receive the Notice electronically. To obtain a paper copy, contact or call us at 850-765-4026.
- **Notification in the Event of a Breach.** We are required by law to maintain the privacy and security of your Protected Health Information. We will notify you if a breach occurs that may have compromised the privacy or security of your Protected Health Information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice, including for Protected Health Information we already have about you as well as any Protected Health Information we receive in the future. We will post a copy of the revised Notice on our website with the date that any updates were made.

FEEDBACK

We take your privacy seriously and welcome your questions and feedback. If you have any questions or would like additional information about the Pharmacy's privacy practices, you may send a request to info@wellpackrx.com or call 850-765-4026. If you believe your privacy rights have been violated, you may contact WellPack Pharmacy. All feedback must be submitted in writing.

WELLPACK PHARMACY CONTACT INFORMATION

All correspondence related to this Notice of Privacy Practices must be submitted to the WellPack Pharmacy at the address below. You may also reach the WellPack Pharmacy by email at info@wellpackrx.com or by phone at 850-765-4026.

WellPack - WellPack Pharmacy 1624 Capital Circle NE STE 210, Tallahassee, FL 32308

Patient Rights and Responsibilities

PATIENT RIGHTS

We believe that all customers receiving services from WellPack Pharmacy should be informed of their rights. Therefore, you are entitled to:

- Choose a health care provider.
- Be treated with respect, consideration, and recognition of customer dignity and individuality.
- Receive appropriate service and care without discrimination.
- Voice grievances and complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal.
- The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
- Participate in the development and periodic revision of your care while utilizing WellPack Pharmacy services.
- Be informed in advance of service/care being provided, of the charges, including payment for service/care expected from third parties and any charges for which the customer will be responsible.
- Informed consent and the right to decline participation, revoke consent or disenroll from WellPack Pharmacy services at any point in time.
- The right to receive administrative information regarding changes in, or termination from WellPack Pharmacy services.
- The right to have personal health information shared with WellPack Pharmacy only in accordance with state and federal law.

PATIENT RESPONSIBILITIES

As a WellPack Pharmacy customer, you assume certain responsibilities in order to receive the highest quality of care. By signing up with us, you are responsible to:

- Notify your treating provider of your use of WellPack Pharmacy as your primary pharmacy when applicable.
- Submit any forms necessary to participate to the extent required by law and give accurate clinical and contact information and to notify WellPack Pharmacy of changes, including recent hospitalization, change in customer insurance, address, telephone number, or primary care physician.
- Request that payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to WellPack Pharmacy for any services furnished by WellPack Pharmacy.
- Accept all financial responsibility for products furnished by WellPack Pharmacy.
- Understand that WellPack Pharmacy retains the right to refuse delivery of service to any customer at any time.
- Agree that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.
- Agree that if you, the customer, are unable to make medical or other decisions, your family should be consulted for direction.

Nondiscrimination Notice

WellPack Pharmacy is committed to equal opportunity and nondiscrimination and prohibits discrimination based on race, religion, creed, color, national origin, citizenship, marital status, sex, age, sexual orientation, gender identity, veteran status, political ideology, ancestry, the presence of any physical, sensory, or mental disabilities, or any other legally protected status.

WellPack Pharmacy:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: Information written in other languages.

If you need these services, contact WellPack Pharmacy by phone at 850-765-4026.

Medication Synchronization

Patient Agreement

WellPack Pharmacy is pleased to welcome you to our Medication Synchronization program. The medication synchronization program is designed to refill all your medication on the same day each month.

WellPack Pharmacy: WellSync Program

What is the WellSync program?

- WellSync is a medication management strategy that aligns the refill dates for two or more prescriptions.
- When a patient receives multiple prescriptions, it is unlikely the refill dates will all fall on the same day. The patient may go in on the first day of the month, the last day of the month, and in the middle of the month to refill three separate prescriptions, something that is not always manageable and can lead to medication nonadherence.
- WellSync easy and convenient way for you to get the medications synchronized on a specific day and there is no cost to participate.

The primary patient benefits of medication synchronization include:

- Improved medical outcomes
- Improved convenience and safety
- Reduce the risk of hospitalization and reduced medical cost
- Reduction in potential for gaps between refills
- Improvement of medication adherence.
 - The reason for improved adherence is obvious. Statistics show that:
 - 1 in 2 patients missed a dose
 - 1 in 3 forgot if they took the medications
 - 1 in 4 did not get a refill on time
 - 1 in 4 didn't start a new Rx at all

Disclaimer: WellSync Program is not an auto-fill program. Under no circumstance would WellPack Pharmacy or any employee associated with WellPack Pharmacy would fill any prescription without the consent of the patient. WellSync is a precisely generated program by WellPack Pharmacy in compliance with all state and federal regulations to synchronize all prescriptions on a specific day or to the best ability in fewer trips to add convenience and improve health outcomes for the patients.

FREQUENTLY ASKED QUESTIONS

Signing Up

- How do I sign up with WellPack and WellSync?
 - You can inform all your providers to send all active medications directly to WellPack Pharmacy. WellPack Pharmacy accepts prescriptions all means accepted by law. Electronic, Phone, or fax.
- What if I have active refills left at by prior pharmacy?
 - You can bring all the prescription bottles to the pharmacy for the WellPack Team member to gather all the information and transfer the prescriptions upon your request. The prescription bottle information would help WellPack Team members reconcile all prescription information and enable them to request any missing prescriptions from your respective providers upon your request.
- What if I am home bound or do not have transportation?
 - WellPack Pharmacy prides itself in providing comprehensive prescription management services where WellPack Customer Care Specialist would come by your house to reconcile all the prescriptions.
 - WellPack Customer Specialists are responsible to gather prescription data but are not authorized to answer any medication-related questions. All such questions should be directed to the pharmacist.

WellSync Eligibility

- Are all prescriptions eligible for WellSync Program?
 - Not all medications are eligible for the WellSync program. Many common maintenance medications taken for long-term therapy such as high blood pressure medication, cholesterol, and other chronic conditions or birth control contraceptives will be eligible for WellSync Program.
 - Inhalers, Insulins, Topicals, Eye drops, Controlled substances or Specialty drugs would not be eligible for WellSync Program.
 - All prescriptions filled under WellSync Program are dispensed upon patient consent and would be updated periodically as per guidelines and the patient's requirements.
- What are the guidelines for excluding drugs from the WellSync program?
 - Medications not indicated for chronic or long-term use (antibiotics, anti-infective)
 - Drugs requiring frequent dose changes (chemotherapy, anticoagulants)
 - Controlled substances, due to potential abuse concerns
 - Medications with legal restrictions or supply limits (State regulations)
 - High dollar Inhalers and Insulins to reduce unnecessary dispensing
 - As-needed medications
 - Injectable drugs with supplies related to administration
 - Specialty medications

WellSync Refills

- What if I have medications on hand and am not ready for a refill?
 - If you have medication on hand now, you can still enroll in WellSync Program. Ask your doctor to update your records and send the next prescription electronically to WellPack Pharmacy. If we receive a prescription from your doctor and it's too early to fill, we will place the prescription on hold and dispense it when it's due to be refilled. A caring team member will call you before processing the prescription.
- How does WellPack Pharmacy refill prescriptions under WellSync Program?
 - A caring WellPack team member would contact you via your preferred mode of contact to confirm the refills and you could mention of any changes to be included in the Sync fill. The changes could be, any medication that is discontinued, changed or if you have enough for that month. You can also update payment information, address, or phone number while on the phone with WellPack Team member.
 - If you need to cancel or withdraw from the WellSync Program, you can inform the WellPack team member, and all your requests would be handled with care.
 - In case if WellPack Pharmacy is not able to reach you, a detailed voice message or text message would be left mentioning the reason for contacting, so you could take care of the request promptly.
 - WellPack Pharmacy would make all attempts possible under our care to reach you but to avoid any delays we would request you to respond to the attempts made by the WellPack Team member.

- In all scenarios WellPack Pharmacy would not fill any prescriptions without your informed consent and approval since WellSync is not an autofill program.
- How do you refill the medication excluded from the WellSync program?
 - It would be your responsibility to call the pharmacy promptly to organize filling the prescription without any delay. Upon request, a WellPack Caring team member could send a courtesy reminder as well when the medications excluded from WellSync Program come due.
- How early can I renew my prescription?
 - You do not have to wait for an alert to confirm your prescription renewal. You can proactively take action to renew by calling WellPack Pharmacy and having our caring team member process your prescription.
- Can WellPack Pharmacy autofill prescriptions under WellSync Program?
 - No, WellPack Pharmacy does not auto-fill prescriptions. Under the WellSync Program prescriptions are synchronized to be able to get all prescriptions at the same time or in fewer trips.
- How do you handle refills?
 - Renewals for all the prescriptions enrolled with WellSync Program would be sent to the provider after the refills run out.
 - If the medication is not refilled by the doctor before the scheduled fill date, we will inform you proactively so you could call your doctor for the prescription.
- If I fill a new medication, does it automatically set for WellSync Program?
 - Our caring staff member would call when dispensing a new prescription and will ask for your preference if you want the new medication to be included in the WellSync Program.
 - WellPack Pharmacy does not fill prescriptions automatically.
- Can I remove some or all medications from the WellSync program?
 - Yes. If you no longer want your prescription(s) under WellSync Program you could call the pharmacy and have a team member, make changes for you.
- Can I request a specific manufacturer for my medication from WellPack Pharmacy?
 - Yes. Please contact your prescriber to ask for a prescription that specifies your preferred manufacturer's name directly on the prescription.

Sync the Medications

- How does the pharmacist sync medication?
 - The pharmacist sync's the medication by selecting one anchor medication around which all medications are synced including partial filling of some medications.

Payments

- How do I pay for my prescriptions?
 - WellPack Pharmacy accepts all sorts of payments, Debit, Credit, or Cash. You have an option to leave the card with us or pay the driver upon delivery.
- How do you secure the credit card information?
 - A credit card is saved through a Credit card tokenization which is the process of de-identifying sensitive cardholder data by converting it to a string of randomly generated numbers called a "token." Similar to encryption, tokenization obfuscates the original data to render it unreadable in the event of a data breach or other exposure.
- Does WellPack Pharmacy provide an annual report for all co-payments paid in the calendar year?
 - Yes, WellPack Pharmacy could generate the report for all copayments paid upon 24-hour verbal notice.
- What should I do if my payment method has been declined?
 - WellPack Pharmacy will notify you if your payment method has been declined. We will hold the delivery until payments have been recorded.

Insurance Information

- What insurance plans WellPack accept?
 - WellPack Pharmacy accepts most insurance plans. When you sign up, we can look up your insurance information for you, or you can enter the information yourself. Then when you request a prescription, we'll check to see if WellPack Pharmacy is covered by your plan.
 - You can also contact your insurance provider to confirm if your insurance will be accepted at WellPack Pharmacy.
- What is a copay and who determines my insurance copays?
 - When you fill a prescription, your insurance plan pays a part of the cost, and you pay the rest. The part you pay is called a copay. Your insurance plan determines your copays, and the amounts can vary depending on what type of plan you have.
 - Many HMO plans have fixed copays for all prescriptions. So, your cost is the same, no matter how many times you fill or how expensive the total cost. Other plans charge coinsurance, which means you pay a percentage of the total medication cost, instead of a fixed amount. In this case, the more expensive the medication is, the higher your out-of-pocket cost will be.
 - Some plans have tiered pricing that depend on where you have your prescriptions filled. These plans might offer lower copays if you fill with a specific pharmacy.
- What is a prior authorization and why would I need one?
 - In some cases, your insurance plan might ask your prescriber to explain why a prescription is medically necessary before they cover a prescription. If this happens, we'll work with your prescriber and insurance to facilitate the process — and we'll notify you when it's ready for purchase. A prior authorization usually takes about 6 business days.

Delivery Information

- Where do you deliver?
 - WellPack Pharmacy could deliver your prescription either to your household or at your work address. It would be your responsibility to update the address and contact information promptly.
- How do you deliver cold medication?
 - We would deliver the medication in a cooler.
- Could delivery drivers communicate for any questions?
 - Delivery drivers could always help you communicate with the pharmacist on a secure line for any and every question you might have.
 - Delivery drivers are our last mile towards WellSync. If you decide on not receiving any specific medication or withdraw from the WellSync Program, you could deny the delivery. The delivery driver would communicate your preferences to the pharmacy.

Consultation

- How can you have my questions answered?
 - WellPack pharmacists are available for any medication-related questions you might have. Call the pharmacy at @850-765-4026 Mon to Fri: 9 am to 7 pm and Sat 9 am to 2 pm.

Referrals

- How do I Refer my friends and family to the program?
 - WellPack Pharmacy has a stringent policy on referrals. All referrals would be accepted as long it meets the WellPack Pharmacy's criteria for transfer and not in lieu of any incentives. Transferring your prescriptions would be based on the service WellPack Pharmacy has to provide and won't be expecting any rewards or incentives from WellPack Pharmacy for your efforts. WellPack Pharmacy appreciates your sincere efforts.

Withdrawing from WellSync

- How to withdraw from WellSync Program?

- The patient or patient's agent shall at any time be able to withdraw a specific prescription medication or disenroll entirely from the WellSync program by calling the pharmacy @ 850-765-4026.
- Can I still use WellPack Services even though I Cancelled WellSync Program?
 - WellPack Pharmacy is a full-service pharmacy. You can still use WellPack Pharmacy since we accept all insurances, and we can guarantee the best customer service.
- If I Cancel and re-enroll into WellSync Program?
 - Sure. You can enroll in the program anytime you prefer.

Patient Responsibility

What are my or my caretaker's responsibilities?

- To inform the pharmacy staff about any changes in the plan.
- To inform the pharmacy of changes in address, phone number, and other demographic information.
- To inform the pharmacy about any change in the payment information
- To stay up to date with the prescriber's appointment for refills
- To inform the pharmacy if any medication is discontinued or a change of dosage or a new therapy is added or if any medication, I have an overstock.
- If there are no more refills on the prescription, you consent to call your respective prescribers to obtain additional refills for all medication enrolled in the WellSync program to avoid a gap in the therapy and avoid the risk of hospitalization for the patient.

I have read and understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I sincerely think that the WellSync program would help me manage my health and my prescriptions better and I willingly give my consent to all conditions within the WellSync Program. I understand that I could receive a copy of the terms and conditions of using the WellSync Program and WellPack Pharmacy if I request.