

HOLLY HILL PHARMACY
1702 Ridgewood Avenue Suite C-G
Holly Hill, Florida 32117
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“Our mission is to strive to meet or exceed the needs of our customers, clients, and patients while striving for excellence in health care by delivering high-quality products and services”

Hours of Operation:
Monday- Friday 9:00am – 5:30pm
Saturday CLOSED
Sunday- CLOSED
Phone: (386) 677-7377 **Fax: (386) 677-0739**
Toll Free Phone: (844) 724-2567

PATIENT INFORMATION PACKET

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USE OUR **AFTER-HOURS CALL LINE** IF YOU REQUIRE IMMEDIATE ASSISTANCE AFTER HOURS. CALL (386) 677-7377 AND FOLLOW THE PROMPTS.

**** FREE PRESCRIPTION DELIVERY IN
VOLUSIA AND FLAGLER COUNTIES!!****

Welcome to Holly Hill Pharmacy!

Holly Hill Pharmacy has been providing high-quality goods and services to our patients, customers, and clients since 1983. We accept most insurance plans, and we may be able to help with billing your insurance company. Here are some of the goods and services we offer:

Home Infusion Therapy

Our Clinical Specialist can provide you with your home infusion needs. Whether you require IV antibiotics, hydration therapy, or parenteral supplementation, we can assist you. Call today and ask our IV department for more information.

Please understand that home infusion comes with risks and benefits. Any complications, injuries, or adverse results cannot be given immediate emergency medical attention in the home as in the hospital setting. With any drug therapy, there are risks that are known as well as unknown. It is recommended to discuss any of these matters/concerns with your physician.

Pharmacy Counseling

Our pharmacists are available when you have questions concerning your medications. Our pharmacists are knowledgeable professionals and will gladly take the time to show you how to use the medications or supplies prescribed by your doctor.

Patient information

- **After Hours Services:** The after-hours phone number is (386) 677-7377. We supply 24-hour on-call emergency service.
- **Complaint Procedure:** You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination, or unreasonable interruption of services. The telephone number is (386) 677-7377. When you call, ask to speak with the pharmacy manager.
- **Holly Hill Pharmacy has a formal grievance procedure** that ensures that your concerns will be reviewed and an investigation started within 48 hours. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.
- **If you feel the need to further discuss your unresolved concerns,** dissatisfaction, or complaints with other than Holly Hill Pharmacy staff, contact the Florida State Attorney General Citizens Services at (850) 414-3990.
- **The toll-free number for Medicare** to file a complaint or to speak with customer service is 1-800-MEDICARE or 1-800-633-4227.
- **You may also contact ACHC** at (919) 785-1214 or (855) 937-2242. ACHC will document and investigate all complaints and/or allegations received against currently accredited organizations.

PATIENT RIGHTS AND RESPONSIBILITIES

Holly Hill Pharmacy supports the patient's bill of rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. Holly Hill Pharmacy has an obligation to protect and promote the rights of their patients, including the following rights:

Rights

As the patient/caregiver, you have the RIGHT to:

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.

- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care.
- Participate in the development and periodic revision of the plan of care.
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be provided equipment and service in a timely manner.
- Receive an itemized explanation of charges.
- Be informed of company ownership.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Be informed of potential reimbursement for services under Medicare, Medicaid, or other third-party insurers based on the patient's condition and insurance eligibility (to the best of the company's knowledge)
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid, or other third-party insurers. (to the best of the company's knowledge)
- Be notified within 30 working days of any changes in charges for which you may be liable.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Purchase inexpensive or routinely purchased durable medical equipment.
- Have the manufacturer's warranty for equipment purchased from "Holly Hill Pharmacy" honored.
- Receive essential information in a language or method of communication that you understand.
- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Patients have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- Choose a healthcare provider, including an attending physician*, if applicable
- The patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her health information as permitted under applicable law.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be able to identify visiting personnel members through proper identification.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- Be informed of any financial benefits when referred to an organization.

Client Responsibilities:

As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of a change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Participation in the plan of care/treatment.
- Notify the company of any change in condition, physician orders, or physician.

- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

Our Rights

As your pharmacy of choice, we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our pharmacy to secure medication or durable medical equipment.
- To refuse services to anyone who enters our pharmacy and is threatening, intoxicated by alcohol, drugs, and/or chemical substances and could potentially endanger our staff and patients.

Emergency Preparedness Plan

Holly Hill Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, tornadoes, and community evacuations. Our primary goal is to continue to service your healthcare needs. It is your responsibility to contact Holly Hill Pharmacy regarding any medications you may require when there is a threat of disaster or inclement weather so that you have enough medications to sustain you.

If a disaster occurs, follow instructions from the civil authorities in your area. Holly Hill Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Holly Hill Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Holly Hill Pharmacy will work closely with authorities to ensure your safety.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medications

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medicines should be labeled clearly and left in their original containers.
- Do not give or take medicines that were prescribed for other people.
- When taking or giving medicines, read the label and measure doses carefully. Know the side effects of the medicines you are taking.
- Throw away outdated medicines by pouring them down a sink or flushing down the toilet.

Mobility items

When using mobility items to get around, such as; canes, walkers, wheelchairs, or crutches, you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes, or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and Falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs, and toilets.
- Keep stairs clear and well-lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness.
- Wipe up all spilled water, oil, or grease immediately.
- Pick up and keep surprises out from underfoot, including electrical cords and throw rugs.
- Keep drawers and cabinets closed.
- Install good lighting to avoid groping in the dark.

Lifting

If it is too big, too heavy, or too awkward to move alone –GET HELP. Here are some things you can do to prevent lower back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees and “straddle” the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead – clear your way.

Electrical Accidents

Watch for early warning signs – overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways, or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug, outlet, or wire, get it fixed right away.
- Use a ground on 3-wire plugs to prevent shock in case of electrical “fault.”
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors.

- Shut off the appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas at your home.
- Don't use matches or turn on electrical switches.
- Don't use the telephone – dialing may create electrical sparks.
- Don't light candles.
- Call the Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines, and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into the toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood, and rugs away from areas where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire

1. Take immediate action per plan –Escape is your top priority.
2. Get help on the way – with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

*****IF YOU ARE DEPENDENT ON UTILITIES (gas, phone, electricity) REGISTER AS A HIGH PRIORITY CUSTOMER WITH A COMPANY.*****

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c). The products and/or services provided to you by (Xinim Corporation DBA Holly Hill Pharmacy) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request, we will furnish you with a written copy of the standards.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization:

- Treatment: including, but not limited to, inpatient, outpatient, or psychiatric care.
- To Holly Hill Pharmacy Medical Staff treating physicians.
- Payment: including, but not limited to, asking you about your health care plan(s), or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts, either ourselves or through a collection agency or attorney.
- Health care operations: including, but not limited to, financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.
- Disclosures when release is authorized by law: including, but not limited to, judicial settings and to health oversight regulatory agencies, law enforcement and correctional institutions.
- Uses or disclosures for specialized government functions: including, but not limited to, the protection of the President or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign services.
- In emergency situations or to avert serious health / safety situations.
- If you are a member of the armed forces, we may release medical information about you and your dependents as requested by military command authorities.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation claims.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organizations that handle organ and tissue donations.
- To public health organizations or federal organizations in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.
- We may include certain limited information about you in the hospital directory while you are a patient at the hospital.
- This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation.
- You may be contacted by the hospital to remind you of any appointments, healthcare treatment alternatives and other health-related benefits and services offered by the hospital.
- You may be contacted by the hospital for the purposes of raising funds to support the hospital's operations.

Personal Privacy Protection Directive

In accordance with Holly Hill Pharmacy's Notice of Privacy Practices and to protect the confidentiality of my protected health information, I hereby direct that disclosure of my protected health information be restricted. Specifically, no documentation of any information related to my stay or treatment, including but not limited to, any documents or other materials prepared for peer review, risk management, or quality assurance purposes, is to be disclosed under any circumstances, redacted or otherwise, to anyone not affiliated with Holly Hill Pharmacy, for any purpose other than payment or legitimate health care operations, without my express

written consent or the express written consent of my authorized representative.

Effective Date: This notice is effective April 14, 2003.

Other Uses and Disclosures:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

Your Rights: You have the following rights concerning your protected health information (PHI):

Restrictions: To request restricted access to all or part of your protected health information (PHI). To do this, contact the HIPAA Privacy and Security Officer. We are not required to grant your request, and you do not have the right to restrict disclosures required by law. If we do agree, we must honor the restrictions you request.

Confidential Communications: To receive correspondence of confidential information by alternate means or location, such as phoning you at work rather than at home or mailing your health information to a different address. To do this, contact the HIPAA Privacy and Security Officer. We will take reasonable actions to accommodate your request.

Access: To inspect or receive copies of your protected health information (PHI). To do this, contact the HIPAA Privacy and Security Officer. In certain circumstances, you may not have the right to access your records if Bay Medical Center reasonably believes (or has reason to believe) that such access would cause harm. Examples include but are not limited to, certain psychotherapy notes, information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings, or information obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Amendments / Corrections: To request changes be made to your protected health information (PHI). To do this, contact the HIPAA Privacy and Security Officer. We are not required to grant your request if we did not create the record, or the record is accurate and complete. If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we agree to the request, we will make the correction within 60 days and will send the corrected information to persons we know who got the wrong information and others you specify.

Accounting: To receive an accounting of the disclosures by us of your protected health information (PHI) in the six years (or shorter time) prior to your request. To do this, contact the HIPAA Privacy and Security Officer. By law, the list will not include disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. you are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30-day extension of time if we notify you of the extension in writing. We are not required to give you a list of disclosures that occurred before April 14, 2003.

This Notice: To get updates or reissue of this notice, at your request.

Complaints: To complain to us or the U.S. Department of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us, contact BMC Director of Legal Affairs at (850) 747-6004 or BMC HIPAA Privacy and Security Officer at (850) 747-6670. The law forbids us from taking retaliatory action against you if you complain.

Our Duties: We are required by law to maintain the privacy of your protected health information (PHI). We must abide by the terms of this notice or any update of this notice.

Privacy Contact: For more information about our privacy practices, please contact: Tom Hill, PharmD. Privacy and Security Officer

Holly Hill Pharmacy
1702 Ridgewood Ave Ste C
Holly Hill, Florida 32117 (386) 677-7377

As a patient of Holly Hill Pharmacy, you acknowledge that you understand the following:

COLLECTION OF SOCIAL SECURITY NUMBERS NOTICE

Florida law provides that State agencies, including Holly Hill Pharmacy, must notify individuals of the circumstances that would require collection of social security numbers.

The following are the general scenarios under which Holly Hill Pharmacy must collect and use social security numbers: Insurance and health benefit eligibility, classification of accounts; customer identification and verification; creditworthiness; customer billing and payments; payroll and human resource functions; benefit processing, tax reporting, and any other lawful purpose necessary to conduct Holly Hill Pharmacy business.

Social Security numbers are NOT public records but may be released to other government or commercial entities as required by law in Section 119.071(5), Florida Statutes.

LIFETIME AUTHORIZATION ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE

I certify that the information I furnish is true and correct. I know it is a crime to fill out this form with facts that I know are false or to leave out facts that are important. I hereby authorize Holly Hill Pharmacy to submit a claim to my insurance carrier or its intermediaries for all covered prescriptions or durable medical equipment and authorize and direct my insurance carrier or its intermediaries to issue payment directly to Holly Hill Pharmacy. I hereby authorize Holly Hill Pharmacy to furnish complete information requested by my insurance carrier or its intermediaries regarding services rendered. I further agree that I am responsible for paying my co-pays or balances, which remain after insurance payments have been made, including any cost of collection or legal fee incurred to collect these balances.

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made to me or on my behalf to Holly Hill Pharmacy for prescription medications or durable medical equipment and supplies ordered by my physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agency any information needed to determine these benefits or the benefits payable for related services. I understand that my signature requests that payment be made and authorizes the release of medical information necessary to pay the claim. If 'other insurance' is indicated in item 9 of the HCFA-1500 claim form or elsewhere on the approved claim form or electronically submitted claims, my signature authorizes releasing the information to the insurer or agency listed. In Medicare-assigned cases, the supplier agrees to accept the charge of determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered items. Coinsurance and the deductible are based upon the charge determination to the Medicare carrier.

CONSENT FOR THIRD PARTY REVIEW

I understand that there may be occasions when my medical record would need to be provided for review by an outside third party (such as accreditation or other), and I have given you my consent for such review as needed.

Special Needs/Disability Information

If you or someone within your household has a Disability or a Special Need, you may have to take additional steps to protect yourself and your family in an emergency.

Here are some helpful tips to consider following before an emergency occurs:

- Form a support network of people in your area to help you in an emergency. (Neighbors, nearby friends, or family members)
- Create an Emergency Kit containing supplies specific to your special needs. (Suggested items to have in your emergency kit are provided below)
- Inform your support network about your emergency kit and where you store it.
- Give a member of your support network a key to your house or apartment.
- Contact your local emergency management office and notify them of your Disability/Special Need. (Most emergency management offices keep a current list of people within a community who have a Disability/Special Need, so you can be located and assisted quickly in the event of an emergency)
- Wear medical alert tags/bracelets to help identify your Disability/Special Need
- If you are dependent on dialysis or other life-sustaining treatment, know the locations and availability of more than one facility in your area.
- Show your support network and others how to operate your wheelchair.
- Know the size and weight of your wheelchair, in addition to whether it is collapsible, in case it has to be transported.

As mentioned above, it is important that you create an Emergency Kit of special items in advance. Here are some supplies to consider keeping in your Kit:

- Extra supply of prescription medicines, a list of medications and their dosages
- Extra set of eyeglasses and extra hearing-aid batteries.
- Extra walking device, wheelchair batteries, and oxygen if necessary
- List the styles and serial numbers of medical devices you use.
- Extra copies of medical insurance documents and Medicare/Medicaid cards
- List of doctors, relatives, and friends who should be notified if you are injured.

For more information about preparing for disasters for people with disabilities or special needs, please visit:

www.DisabilityPreparedness.gov
www.NOD.org (National Organization on Disability)
www.Ready.gov

Patient Financial Responsibility

Recognizing the need for patients to understand what is expected regarding payment of DME equipment and services, we have established our financial policy. Some of these items are required by law. It is our goal to remain sensitive to our patient's needs while providing quality goods and services. We encourage you to contact our office if a problem should arise regarding your account.

- **All co-pays and co-insurance required by your insurance company must be paid at the time the goods/services are rendered.** We accept cash, checks, Visa, MasterCard, and American Express.

- **It is the patient's responsibility to be aware of the contract benefits of his/her insurance carrier.** If your insurance requires referrals/documentation for full benefits to be paid, it is your responsibility to verify the referrals/documentation are in place prior to contacting us for equipment/services.
- **Our facility will file both primary and secondary insurance claims for equipment/services we provide.** Claims for a third insurance contract will not be filed unless required by our contract with the carrier. We cannot file claims correctly without accurate information from you. Proof of insurance must be provided.
- **If you do not have insurance,** Payment in full is expected at the time of service unless financial arrangements have been made in advance with our billing department.
- **You will receive a statement from our office within 45 days of your insurance company's response.** If you are dissatisfied with their payment, please contact your insurance carrier. Payment for the patient's portion of the balance is due upon receipt of the statement.
- **We are providers for Medicare.** This means we must accept Medicare's allowed charge for the equipment/services rendered. Medicare will pay 80% of the approved amount. The patient is responsible for the remaining 20% plus any out-of-pocket deductible. We will write off the difference between what we charge and what Medicare approves. If you have secondary insurance, we will submit the claim for the remaining balance after Medicare has paid. Please remember that although we bill Medicare, the patient, by federal law, is responsible for any portion of the approved amount not paid by Medicare or secondary insurance.
- **All accounts 60 days or more past due will be turned over to a collection agency,** and Holly Hill Pharmacy may cease providing equipment/services to you.

It is our hope that you find this information helpful. If you have any questions, please speak with our billing staff at (386) 677-7377

Disposal of Waste

- **PLEASE DO NOT discard your IV Pump (CADD Solis VIP or Zyno Pump).** It is the property of Holly Hill Pharmacy, and you will be charged the full retail price if it is not returned to us (currently \$5000).
- **Please note** that all tubing and associated infusion supplies may be safely disposed of in your regular trash, though we strongly recommend removing any identifying information to protect your privacy.
- Additionally, we may provide a sharps container for the convenient disposal of your generated medical waste; we ask that you safely dispose of your used medical waste at one of the following locations:
- There is typically no charge to dispose of your generated waste at these locations. New small and large containers can be purchased at these locations for a nominal fee as well.
- Visit <https://www.floridahealth.gov/all-county-locations.html> to find a location near you.

Ordering Your Supplies

Holly Hill Pharmacy's Policy is to schedule regular supply replenishment and equipment service for our oxygen and home infusion patients. If Holly Hill Pharmacy has supplied you with and other DME equipment or supplies, **YOU ARE RESPONSIBLE** for ordering your supplies. Please call at least 2 (two) business days prior to your need so that we may schedule a delivery to your home. **PLEASE CALL (386) 677-7377 TO ORDER YOUR SUPPLIES OR IF YOU HAVE ANY QUESTIONS.**

Equipment Care

The equipment supplied to you by Holly Hill Pharmacy requires little or no maintenance by you. If you are required to do maintenance or clean your equipment, you will be instructed on how to do so by our service/delivery technician on your initial visit. As always, if you ever have any questions or concerns about your equipment, you may always call **Holly Hill Pharmacy 24 hours a day at (386) 677-7377.**

EQUIPMENT WARRANTY INFORMATION FORM For Medicare Beneficiaries

Every product sold or rented by our company carries a 1-year manufacturer's warranty. [Holly Hill Pharmacy](#) will notify all Medicare beneficiaries of the warranty coverage and will honor all warranties under applicable law.

[Holly Hill Pharmacy](#) will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

Any damage or issues arising from improper use or failure to exercise reasonable care will void all expressed or implied warranties.

I have been instructed and understand the warranty coverage on the product I have received.



Elastomeric (Home Pump) Device Instructions



1. Clean and disinfect your workspace.
 2. About 2 hours before your infusion, remove your elastomeric device from your refrigerator - you want it to come to room temperature before your infusion if possible (whatever you do, DO NOT try to warm it in your microwave or hot water).
 3. Take out all your supplies: medication, flushes, and alcohol wipes.
 4. Wash your hands.
 5. Swab the end of your IV line with alcohol for 20 to 30 seconds and let dry.
 6. Flush your line with a normal saline syringe flush.
 7. Remove the cap at the end of the tubing and open the clamp. You want to see fluid drip out of the end of the tubing. Re-clamp the device (it is now primed)
 8. Attach the device to your line and open the clamp on the tubing.
 9. Your infusion is complete when the ball has gone flat. It should take about the time listed on your prescription label.
 10. Disconnect the tubing from yourself.
 11. Flush your line as directed by your nurse.
 12. Clean your workspace.
 13. Wash your hands.
- This information is for reference only and should only be performed after being taught by your nurse.
 - Please call us if you have any questions or experience: redness, swelling at the IV site, unable to flush or infuse your medication, IV becomes dislodged, IV dressing has fallen off, you have a temperature over 101, you begin to experience any negative side effects of the medication.
 - *****Call 911 if you are having shortness of breath or chest pain*****




Insert Batteries

1. Open the battery compartment and insert four AA batteries matching the + and – markings inside the battery compartment, or insert a rechargeable battery pack
2. Close the compartment cover when the batteries are in place

Power On

1. Press and hold the power switch
2. The pump carries out self-tests and sounds six beeps when the tests are complete
3. Home screen is displayed

Attaching a Cassette

1. Clamp the tubing and open the cassette latch
2. Insert the cassette hooks into the hinge pins on the bottom of the pump. Swing the cassette to the latch position.
3. Place the pump upright on a firm, flat surface, and press down on the latch side of the pump so the cassette fits tightly against the pump.
4. Lift the cassette latch into the closed position. If you experience resistance when lifting the cassette latch handle, do not force the latch. If the pump doesn't latch easily, unlatch the cassette and repeat the process.
5. Verify the cassette is attached properly. Looking from left to right, the top of the cassette should line up evenly with the bottom of the pump and be securely attached. If an uneven gap exists, unlatch the cassette and repeat the process.
6. To lock the cassette, insert the pump key into the lock and turn it clockwise into the locked position

Priming the Tubing

Ensure that the pump is stopped, the tubing is disconnected from the patient, and the tubing clamps are open.

After changing a cassette

1. If a cassette is attached after the pump is powered on, a *Prime Tubing?* screen will appear. Select Yes (unlock the keypad if required)
2. Select Prime
3. Select Stop Priming when the air is removed or the delivery will stop at 10mL (or 20mL if a high volume set is attached)

No cassette is changed

1. In the Tasks menu, press ▲ or ▼ to highlight Prime Tubing and press Select (unlock the keypad if required)
2. Select Prime
3. Select Stop Priming when the air is removed or the delivery will stop at 10mL (or 20mL if a high volume set is attached)

Resetting the Reservoir Volume

After attaching a new cassette

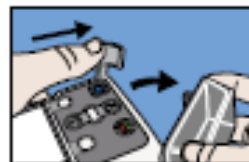
1. The screen displays *Reset reservoir volume to XX mL?* Select Yes to reset the volume or No to keep the volume at the current setting

Without changing the cassette

1. Stop the pump if it is running
2. In the Tasks menu, press ▲ or ▼ to highlight Reset Reservoir Volume and press Select
3. The screen displays *Reset reservoir volume to XX mL?* Select Yes to reset the volume or No to keep the volume at the current setting

Removing a Cassette

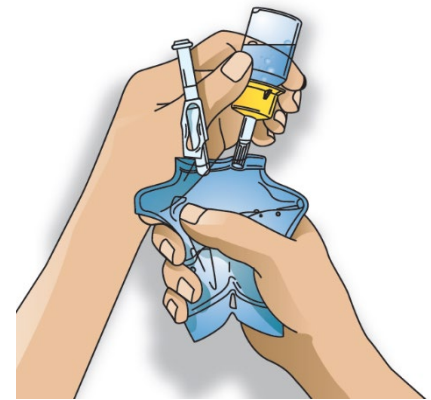
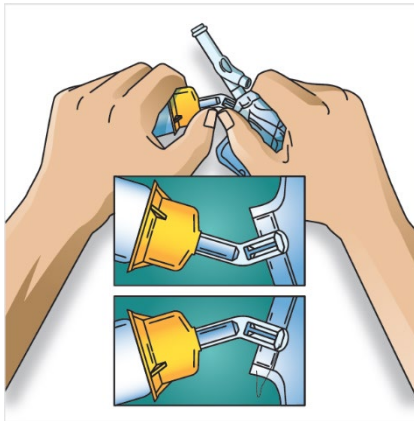
1. Make sure the pump is stopped and clamp the tubing
2. If the cassette is locked, insert the pump key and turn the lock counterclockwise into the unlocked position
3. Push down on the cassette latch until the cassette detaches





Mini-Bag Plus Instructions

1. Clean and disinfect your workspace.
2. Take out all your supplies: medication, tubing, flushes, and alcohol wipes.
3. Mix the medication.
 - a. Bend up, then down to break the seal.
 - b. Hold the bag with the vial down. Squeeze the solution into the vial until half full. Shake gently to mix the powder.
 - c. Hold the bag with the vial upside down. Squeeze the bag to force air into the vial. Release the bag, and the medication should drain out of the vial and into the bag.
 - d. Ensure the medication is completely dissolved. Repeat steps B and C until the vial is empty of the medication and the solution is thoroughly mixed. Leave the vial attached.



4. Wash your hands.
 5. Swab the end of your IV line with alcohol for 20 to 30 seconds and let dry
 6. Flush your line with a normal saline syringe flush
 7. Remove the port protector and attach the administration set.
 8. Hang your bag on the IV pole, unclamp the clamp on the administration set, prime the admin set, set the flow rate as indicated on the label, connect the admin set to your injection site, and infuse the medication.
 9. When the bag is empty, disconnect the admin set from yourself.
 10. Flush your line as directed by your nurse.
 11. Clean your workspace.
 12. Wash your hands
- This information is for reference only and should only be performed after being taught by your nurse.
 - Please call us if you have any questions or experience: redness, swelling at the IV site, unable to flush or infuse your medication, IV becomes dislodged, IV dressing has fallen off, you have a temperature over 101, you begin to experience any negative side effects of the medication.
 - *****Call 911 if you are having shortness of breath or chest pain*****