

Moye's Long Term Care Pharmacy
Mail Order Pharmacy Re-packaging Waiver of Liability

Revised 07/18/07

Resident's Name: _____

Long Term Care Facility: _____

I understand that I am requesting Moye's Pharmacy to re-package my medications filled at another pharmacy from its original container into a blister pack required by the long term care facility. I realize Moye's Pharmacy is not providing depiction of what medication is being dispensed or its accuracy from the other pharmacy. I hold Moye's Pharmacy harmless and take full reliability. I agree to pay a monthly packaging fee of \$15.00 for each multi-dose blister pack or \$4.00 per prescription for each unit dose blister pack. I also agree to be responsible for ordering and supplying all medications to be re-packaged. All medications needing to be repackaged should be sent to Moye's five (5) business days prior to the start of the next cycle. I understand Moye's Pharmacy will give one courtesy call to notify when medications are insufficient to fill a complete cycle. If any of the medications are short 5 business days before the cycle is due, then Moye's will fill from the pharmacy stock the quantity needed to complete the cycle. I understand I will be charged for the cost of any medications filled from the pharmacy stock, in addition to the repackaging fee.

I also understand that Moye's may only re-package my medications using the directions on from the original bottle's label from another pharmacy. If the doctor decides to make a change in directions, I must arrange for the mail order pharmacy to be notified by the doctor and Moye's must be sent a new mail order bottle with a label showing the correct directions. I may arrange for the bottle showing the old directions to be sent to the home to be used until the new label arrives. It will be at the long term care facility's discretion as to whether to dispense from the bottle or not.

I, also, understand Moye's Pharmacy will not repackage any medications that are over-the-counter (OTC), medications dispensed from non-registered pharmacy, medications that are liquid or bulk, or any samples from a drug manufacturer or doctor's office. If a resident needs any OTC medications, they can be purchased one cycle at a time directly through Moyes, but will not incur a repackaging fee.

I understand and agree to all terms.

_____ Resident's Signature	_____ Date
_____ Witness Signature	_____ Date
_____ Responsible Party's Signature	_____ Date

Contact person to call when medications are insufficient **Phone**
Number