



The Know You By Name Pharmacy.™

1024 Philadelphia St., Indiana, PA 15701

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Thank you for your interest in the Gatti Pharmacy Specialty Packaging program. This program is designed to make it easier for you to obtain your prescription refills on a regular basis in convenient packaging to simplify your life and medications. The goal of the program is to alter the fill pattern of your usual (maintenance) medications so that they all are due to be refilled at the same time. We will fill them and then notify you when they are ready to be picked up or delivered. Your medications are packed according to the time of day they are to be taken in special compliance packaging. Each 28 day supply of medication will be contained in 4 blister packs of 7-days worth of medication, divided morning, noon, evening, and night depending on when you take it.

We work with you to determine which day or week of the month you prefer to have your prescriptions ready. We then review your medication history, schedule a one-on-one pharmacist meeting, determine which drugs are eligible for the program, determine with you what time of day you take everything, and calculate what adjustments need to be made to the quantity dispensed on those prescriptions so they will come due at the same time. Several days before your prescriptions are due, we bill your insurance company for the prescriptions, fill them and call you for further arrangements. If you require a new prescription, we will contact your physician.

By enrolling in this program, I understand that Gatti Pharmacy will bill my insurance company (if I have insurance) for all prescriptions that are filled with Specialty Packaging. I also understand that in order to align prescriptions, a prescription may initially need to be filled more than once per month and that I may incur co-payments until such time as my prescriptions are aligned. By signing this document I authorize Gatti Pharmacy to alter prescription quantities as described herein and bill my insurance company for all valid claims. Any medication that is not received by me will be credited back to my insurance company. Gatti Pharmacy is not liable for any medication which is missed due to non-use, misuse, or errors in our supply data. This program may be cancelled with a minimum 7 days notice by either the patient or Gatti Pharmacy.

- I understand that the Specialty Packaging program at Gatti Pharmacy is strictly voluntary and I have the right to refuse participation if I so choose.
- I also understand that it is my responsibility to contact Gatti Pharmacy and inform them if I no longer wish to use their services, if I choose not to use their services in the future.
- I further understand that it is my responsibility to keep my personal information up to date by informing Gatti Pharmacy of any changes in my phone number, address, or insurance.
- I understand that if I medication is changed or discontinued by my doctor it is my responsibility to inform Gatti Pharmacy of the medication change or discontinuation.
- The Specialty Packaging program has been explained to me and I fully understand that my maintenance medication will be filled on a **28 day** cycle.

I would like to enroll in the Specialty Packaging program at Gatti Pharmacy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Responsible Party or Power of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Patient Date of Birth