

Geisinger Mail-Order Pharmacy

Geisinger

Geisinger Mail-Order Pharmacy

210 Industrial Park Road
Elysburg

Phone: 844-878-5562 (Monday – Friday, 6:30 a.m. – 7 p.m.)

Fax: 570-221-3711

Online: geisinger.org/pharmacy

Thanks for trusting Geisinger Mail-Order Pharmacy with your prescription needs. If you have questions or concerns about your prescription, we're happy to help.

Reaching us

- Call us directly at **844-878-5562** on weekdays from 6:30 a.m. to 7 p.m. (except major holidays).
- After hours, leave a voicemail and we'll return your call the next business day.
 - Include your name, prescription number (at the top left of your prescription label), the reason for your call and a phone number where we can reach you.
- A pharmacist is available after hours if it's an emergency.

Refills

- You can refill your prescription by logging into your MyChart/MyGeisinger account.
- You can also call during business hours to speak with someone or follow the prompts to request your refill via touch-tone phone using your prescription number.
 - After hours, call **844-878-5562** and leave a message including your medication name, prescription number, first and last name, address, date of birth, daytime phone number and any other requested information. We'll return your call in one to two business days to confirm delivery.

Payment options

- The preferred method of payment for prescription copays is to put a credit/debit card on file with us.
- For prescriptions with an associated copay, **payment is expected before your shipment leaves our facility.**
- See p. 4 for more information about payments.

Shipping & delivery

- We use various couriers for shipment, including USPS, FedEx and UPS. **We may require a signature upon delivery for certain shipments.** If you would like to opt out of signature requirement, you'll need to complete and submit a signature waiver request (see p. 7) before we ship your medication.
- Prescriptions are shipped Monday through Friday via Priority Mail (USPS) or Ground (UPS) for room-temperature medications. Refrigerated items are shipped next day Air Saver via UPS or FedEx. Shipping is offered at no additional charge.
- Wondering about the status of your delivery? Log into your MyChart account and track it by clicking on the link. Or you can call us during business hours and we can track the location of your package. But first, check for the package near doors you don't commonly use, as well as other spots such as porches, garages or near your mailbox.
- Inspect your package when it's delivered, and call us if there are any signs of tampering. Look at the delivery label, too. If any information is incorrect, be sure to let us know so we can fix it.



ACCREDITED

Mail-Order Pharmacy

Expires 6/1/27



Frequently asked questions



How do I contact Geisinger Mail-Order Pharmacy?

Call us at the number on the front of this packet if you have questions or concerns about order status, delays, copay amount, claims submissions or benefit coverage.

If you have adverse effects from your medication, contact your prescribing physician or your pharmacist.



When is Geisinger Mail-Order Pharmacy open?

We're open weekdays from 6:30 a.m. to 7 p.m. Eastern Time (except major holidays). If you call after hours, leave a voicemail including your name, your phone number, your prescription number and the reason for your call. We'll return your call the next business day.

An on-call pharmacist is available 24/7 if you need immediate assistance.



How do I order a new prescription?

Your prescriber must call in or send a prescription to our pharmacy via e-scribe or fax. When we have your prescription on file, call us to place your order and set up a shipment.

We may fill your prescription with a generic equivalent substitution based on state law, equivalency rating and in accordance with company policy. Speak to a pharmacist if you have any questions or concerns. If we can't fulfill the request, we'll offer suggestions and guidance on where else your medication may be available.



How do I transfer a prescription?

- If you want to transfer your prescription from Geisinger Mail-Order Pharmacy to another pharmacy, ask the receiving pharmacy to call us at 844-878-5562. One of our pharmacists will transfer the prescription.
- If you want to transfer your prescription from another pharmacy to Geisinger Mail-Order Pharmacy, call us at 844-878-5562. Give us the name and phone number of the transferring pharmacy, as well as the name and strength of the medication, and one of our pharmacists will call for the transfer.



How long will it be until I receive my prescription?

- Our standard processing time at Geisinger Mail-Order Pharmacy is normally less than seven to 10 business days.
- We'll let you know if any issues may delay fulfillment, such as prior authorizations or quantity limits imposed by your insurance company. And we'll work with you and your physician to try to get any prior authorizations completed as quickly as possible. If your insurance company won't allow a quantity override due to unforeseen circumstances, we'll figure out the best way to get the medication you require.
 - If we can't fulfill your order in a timely manner, you can choose to have your prescription routed to another local retail pharmacy. This includes Geisinger Pharmacy sites, located in many Geisinger clinics and hospitals.
- Medications are sent via UPS, USPS or FedEx. See p. 2 for more details.



How do I refill my prescription?

You can request refills by phone or by logging into your MyChart/MyGeisinger account. If your prescription order needs to be renewed, we'll contact your provider and request it. See p. 1 for more details on refills.



How much will my prescription cost?

- Prescription costs vary depending on your insurance. If you have questions about copays, deductibles or co-insurance, call us.
- We'll tell you the cash price of the medication upon request.
- Because drug pricing and out-of-pocket costs can change daily, we can't make a final determination of your copay until your claim is processed. Call the member services phone number on your prescription insurance card for the most current information.
- If you can't afford the out-of-pocket cost for your prescription, we'll find copay card assistance, patient assistance programs or other support and/or charitable organizations that can help. We can also contact your provider to see if there's an alternate solution.
- Medication cost may also vary based on quantity. We'll fill your prescription for the amount of medication prescribed. Ask your physician to prescribe the maximum amount/days' supply allowable by your insurance coverage (days allowed may vary by plan).
- If you have Medicare Part D drug coverage, the cost of your prescription may vary, depending on your benefit stage. The pharmacy team can help you determine your copays and understand your options.



What forms of payment can I use for my prescription order?

Geisinger Mail-Order Pharmacy accepts Visa, Discover or Mastercard, as well as prepaid gift cards. We also offer a Geisinger Care Card payment option (visit [geisinger.payzen.com/cards](https://www.geisinger.com/payzen.com/cards) or call us for details). We do not accept American Express.





What if I have a medication problem?

If you suspect a medication problem, such as counterfeit medication, a medication error or an adverse drug event, call us at 844-878-5562 during business hours. A pharmacist is available after hours if it's an emergency.



How do I safely dispose of medications?

Properly disposing of medicine has a lot of benefits:

- It protects children and pets from poisoning.
- It prevents misuse by teens and adults.
- It prevents health issues from taking out-of-date medicine.
- It guards streams and rivers against contamination – which protects the environment as well as drinking water.

Do not flush expired or unwanted prescription and over-the-counter drugs down a toilet or drain. First, check the label or the patient information that comes with your medicine to see if it's safe to do so.

It's better to return prescription and over-the-counter drugs to a drug takeback program. Or you can follow the steps to dispose of medicine at home – just follow the directions below. Most Geisinger Pharmacy locations have a medication disposal box you can use to throw away your medicine.

Find a drug takeback event by contacting your city or county government's household trash and recycling service. Some counties hold household hazardous waste collection days. On these days, you can take prescription and over-the-counter medications to a central location for disposal.

To safely dispose of medication at home, follow these steps:

1. Take your prescription or over-the-counter drugs out of their original containers.
2. Mix medicine with an undesirable substance like cat litter or coffee grounds.
3. Put the mixture into a container with a lid, such as an empty margarine tub, or into a resealable bag.
4. Put the sealed bag or container into the trash.
5. Cover personal information, including the prescription number, on empty prescription containers. You can use a permanent marker or duct tape (or remove the label). Throw away or recycle the empty containers.

Visit the U.S. Drug Enforcement Administration website at dea.gov and search “medication disposal” for more tips.





What if there's a recall on my medication?

We'll notify you if there's a recall on your medication. We will give you instructions on what to do.



How do I get my medications in an emergency?

You can call the pharmacy at 844-878-5562.

We also have a pharmacist on call 24/7. Leave your callback number. You can reach the on-call pharmacist even if the pharmacy is closed due to weather conditions or other circumstances.

We'll do our best to ship your medication to the location you prefer. We can also transfer your prescription to a pharmacy that can supply your medicine to you.

If Geisinger Mail-Order Pharmacy is under a state of emergency or disaster, we will attempt to contact you. We'll let you know about any delivery delays due to weather or other reasons. We will also reschedule deliveries if we think there will be a delay, especially for refrigerated medications.

What areas does Geisinger Mail-Order Pharmacy serve?

Our pharmacy serves:

- Pennsylvania
- Arizona
- Connecticut
- Delaware
- Florida
- Indiana
- Georgia
- Maine
- Minnesota
- New Hampshire
- New Jersey
- New York
- North Carolina
- Ohio
- South Carolina
- Vermont
- Wisconsin



Geisinger Mail-Order Pharmacy

Signature requirement waiver

For security purposes, Geisinger Pharmacy requires a signature for all controlled substance prescriptions processed at our facility. If you choose to opt out of the requirement for signature, complete and return this form to a Geisinger Pharmacy location. Once processed, all controlled substance prescriptions will ship without a requirement for signature at delivery.

Geisinger Pharmacy is not responsible for controlled substance shipments that are lost or stolen if a signature waiver has been completed. Tracking numbers will be provided to you as requested so you can follow up with the courier. Geisinger Pharmacy reserves the right to revoke the signature requirement waiver, if deemed necessary, in response to multiple instances of loss or theft of a prescription order.

I, _____ acknowledge Geisinger Pharmacy's requirement to obtain a signature for all controlled substances shipped from their mail-order facility. I authorize Geisinger Pharmacy to send all controlled substance prescriptions to the name and address designated below, waiving the requirement for a signature. I acknowledge that Geisinger is not responsible for replacing a prescription for a controlled substance where the signature required is waived. Provider approval will be necessary prior to replacement, which may require pharmacy to obtain a new prescription and may also accompany an additional copay to process. If the provider does not authorize a replacement fill, the pharmacy will not be responsible for replacement. I am responsible for any additional copays due to lost medications shipped without a requirement for signature.

Patient name (print): _____

Patient date of birth: _____

Patient/guardian signature: _____

Relationship to patient: _____

Shipping address: _____

City, state, zip code: _____

Submit this form using any of these options:

Email: mopharmacy@geisinger.edu (Subject: Signature Waiver)

Mail: Geisinger Mail-Order Pharmacy, 210 Industrial Park Road, Elysburg, PA 17824

In person: Any retail Geisinger Pharmacy location (visit geisinger.org/pharmacy and click *Locations* to find one near you)

Patient bill of rights

You have the right to:

1. Be fully informed in advance about services/care to be provided, including the philosophy, characteristics and benefits of participating in the Patient Management Program.
2. Be able to opt out of the Patient Management Program at any time.
3. Have your property and person be treated with dignity, courtesy and respect as a unique individual.
4. Be able to identify Geisinger Mail-Order Pharmacy staff members and their role in the pharmacy through name and job title and to speak with a pharmacist and/or supervisor if desired.
5. Choose a healthcare provider.
6. Receive information about the scope of care/services provided by Geisinger Mail-Order Pharmacy, as well as any limitations to the company's care/service capabilities.
7. Receive upon request medical and/or scientific-based practice information for clinical decisions (e.g., manufacturer package insert, published practice guidelines/protocols, peer-reviewed journals) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence or no level of evidence.
8. Coordination and continuity of services from Geisinger Mail-Order Pharmacy, timely response when care, treatment services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge if care will no longer be provided by Geisinger Mail-Order Pharmacy.
9. Receive, in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, including charges related to out of network pharmacy services, and explanation of all forms you are requested to sign.
10. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
11. Receive medications and services from qualified personnel and receive instructions and education on safely handling and taking medications and a review of your current medication list.
12. Receive information regarding your order status. Patients or caregivers can call 844-878-5562 and speak with a pharmacy employee.
13. Participate in decisions concerning the nature and purpose of the care being provided, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
14. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
15. If desired, to be referred to other healthcare providers within an external healthcare system (e.g., dietitian, pain specialist, mental health services). You may also be referred back to your own prescriber for follow-up.
16. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
17. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion or unreasonable interruption of services. Patients or caregivers can call 844-878-5562 and ask to speak with a staff member's supervisor or the pharmacist in charge, pharmacy manager or pharmacy director.
18. Be able to speak to a health professional, if desired.

19. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
20. Be informed of any financial relationships of the pharmacy.
21. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
22. Be advised of pharmacy number (844-878-5562) for after hours as well as normal business hours of Monday through Friday 6:30 a.m. to 7 p.m. ET (except major holidays).
23. Be advised of any change in the plan of service or termination of the Patient Management Program before the change is made.
24. Participate in the development and periodic revision of the plan of care/service.
25. Receive information in a manner, format and/or language that you understand.
26. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment and/or service decisions.
27. Be fully informed of your responsibilities.
28. Have the right to decline participation, revoke consent or disenrollment in any Geisinger Mail-Order Pharmacy services at any point in time.
29. To be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of your property.

You have the responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify them of your participation in Geisinger Mail-Order Pharmacy's Patient Management Program.
2. Adhere to Geisinger Mail-Order Pharmacy's policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. Ask questions about your care, treatment and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with Geisinger Mail-Order Pharmacy during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the person to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances related to deductibles, copays and coinsurance, except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.

Complaint procedure

We can supply you with a complaint form upon request:

1. You have the right and responsibility to express concerns, complaints or dissatisfaction about services you receive or fail to receive. You may do this without fear of reprisal, discrimination or unreasonable interruption of services. Call the pharmacy at 844-878-5562 to speak with the pharmacy manager during regular business hours, or the on-call pharmacist if you're calling outside of regular business hours. This includes weekends and holidays.
2. Geisinger Mail-Order Pharmacy has a formal complaint procedure. That means we'll review your concern or complaint and start an investigation within five business days of receiving it. We'll make every attempt to resolve all complaints within 14 days. We'll tell you verbally or in writing of the resolution of the complaint. If more time is needed to resolve it, we'll tell you verbally or in writing.
3. If you'd like to discuss your concerns, dissatisfaction or complaints with someone other than Geisinger Mail-Order Pharmacy staff, you can. Just call Geisinger's patient liaison (570-808-7636), URAC (202-216-9010) or the Pennsylvania Board of Pharmacy (717-783-7156) to file a complaint.

Satisfaction survey

Your honest feedback tells us what we're doing right and how we can improve. Complete our satisfaction survey by visiting geisinger.org/mailordersurvey or scanning the QR code with your smartphone.

