



3020 San Antonio Dr.
Fowler, CA 93625
Tel: 559-344-6945
Fax: 559-344-6947

Owners Ron & Dianne and the entire staff at Fox Drug Store and Sunnyside Pharmacy would like to introduce ourselves as your residence preferred Pharmacy services provider. Hopefully you have a healthy and enjoyable experience. We are pleased to have an opportunity to contribute positively to your experience!

Let us begin with a quick background on the owners and the business. Both Ron and Dianne Jung graduated from the University of Southern California, School of Pharmacy. After a few years of working for other institutions, they realized their dream of owning a business moving to the California Central Valley and buying Fox Drug Store. Over the ensuing 30+ years, they have grown the business with a simple ideal: to provide exemplary service to the community in all aspects of their pharmacological needs. Ron and Dianne offer exceptional customer service, taking time to discuss treatment options with the individual trying to incorporate not only most effective medication, but also examining cost and insurance coverage. Building on this principle the business now includes locations in Fresno, Parlier, and the original store in Selma.

The businesses accept most insurance plans (including Medicare and Medical). In addition to being able to provide most OTC items and a large variety of Durable Medical Equipment (ie canes, wheelchairs, first aid, walkers, diabetic care), our business is proud to offer a unique single or multi dosing medication packaging. This is a simple, safe, and convenient system that labels blisters with clear and concise identification of the resident, medications to be taken, and dosing time. This could be a large benefit in helping maintain an independent lifestyle. Each dose is labeled to allow the resident to safely and conveniently take the proper dose at the proper time without worry of omitting a medication whether travelling or at home. Additionally, since each dose is individually packaged medications can simply and quickly be separated when planning short outings.

We would be honored to offer any of these services to you.

Sincerely

Ron & Dianne Kwock Jung



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New Facility Resident

Resident Name: _____

All new residents should have the following provided to the Pharmacy:

- Consent to privacy practice
- Insurance information
- Patient enrollment
- Responsible party for any charges incurred



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Effective Date: 08/13/12

Patient Rights & Responsibilities

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her pharmaceutical services. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify Fox Drug Store of any questions regarding their medication.
2. The patient should promptly notify Fox Drug Store of any changes to their address or telephone.
3. The patient should promptly notify Fox Drug Store of any changes concerning their physician.
4. The patient should notify Fox Drug Store of discontinuance of use.
5. If a patient has a prescription that is unable to be filled through their preferred pharmacy in a timely manner and the facility has made a reasonable attempt to resolve with the family, the care facility has the right to obtain necessary medication from Fox Drug Store for care of the resident and the patient will be responsible for the cost of the medication from Fox Drug Store.

Effective Date: 08/13/12

Consent to Privacy Practices of Fox Drug Store

You have been provided a copy of Fox Drug Store's "Patient Rights & Responsibilities Consent to Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provide treatment care for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients.

We are required to document that:

- We have given you our "Patient Rights & Responsibilities Consent to Privacy Practices" and that you have had the opportunity to review it.
- Fox Drug Store will notify you of changes in our "Patient Rights & Responsibilities Consent to Privacy Practices" prior to implementing those changes.
- You may request restrictions as to how your health information may be used although Fox Drug Store is not required to agree to those restrictions.
- Any restrictions to which Fox Drug Store agrees to will be respected.
- You may revoke this consent in writing at any time, although Fox Drug Store can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that take place before the consent was revoked.

Please provide your signature below to indicate understanding and consent for use of health information related to our service.

Signature of Patient or Legal Representative

Witness

Date



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Resident Insurance Information

Resident Name: _____

Relation to Insured: _____

DOB: _____

Enrollment Date: _____

SSN: _____

Primary Insurance Information

- _____
- _____
- _____
- _____

Secondary Insurance Information

- _____
- _____
- _____
- _____

**Please attach a copy of the front and back of your prescription drug card(s), Thank You!*



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Resident Enrollment

Resident Name: _____ Relation to Insured: _____

DOB: _____ Enrollment Date: _____ SSN: _____

Resident Style: Independent Assisted Skilled

Responsible Party

Payment Authorization: Please bill the credit card monthly Please send an invoice to be paid

Credit Card Information

Card Type: American Express Discover Mastercard Visa

Card Number: _____

Exp. Date: _____ CW2/CVC2/CID: _____

Signature: _____ Billing Zip Code: _____

OR

Credit Application

Responsible party: _____

Address: _____

Telephone: _____ Driver License #: _____

Signature: _____ Date: _____

Truth in lending statement:

1. Fox Drug Store or Sunnyside Pharmacy (referred to as The Pharmacies) will extend credit to the patient on a 30 days charge account. The total statement balance is due the month following service. 60 day balances will have recovery measures that include phone contact, mail contact, and/or legal proceedings started if still outstanding at 90 days.
2. Past due accounts over 60 days be unable to make new charges until the bill is settled.
3. If the new balance is not paid within 30 days after the statement date, a Finance charge will be imposed.
4. Finance Charge is calculated by applying the monthly periodic rate of 1% of the delinquent balance.
5. The annual percentage rate is 12%
6. Account holder is also liable for all collection costs, including reasonable attorney's fee, which are incurred by the Pharmacies in enforcing the terms of this agreement.