PATIENT HANDBOOK

Your Guide to Care with RE

RE SPECIALTY PHARMACY

www.repharmacy.com

Welcome Packet

Our Mission

“We are dedicated to transforming healthcare by delivering innovative, personalized solutions, including specialty pharmacy services, that cater to the unique needs of every patient. Through collaboration and expertise, we ensure access to meaningful and supportive care. Our compassionate and inclusive approach empowers individuals, enhances quality of life, and guarantees the attentive and respectful care every patient deserves.”

River’s Edge Pharmacy

16782 Von Karmen Avenue, Suite 12, Irvine, CA 92606
Phone: (760) 340-3248 or (949) 393-5790

Effective Date: September 20, 2025

Welcome to River's Edge Pharmacy

We are honored to be your specialty infusion and pharmacy provider. Our team is committed to supporting you through every step of your treatment with respect, care, and professionalism.

Our Vision
Healthcare personalized and simplified

Your Experience Matters
If you ever have a question, concern, or complaint about your care, deliveries, billing, or communication, we want to hear from you. Your feedback helps us improve and ensures your needs are met.

How to Share a Concern

- Call us during business hours
- Send us an email or letter
- Speak with any team member in person

Locations:
River's Edge Pharmacy HQ – 16782 Von Karmen Avenue, Suite 12, Irvine, CA 92606
River's Edge Pharmacy – Palm Desert – 36919 Cook Street, Suite 102, Palm Desert, CA 92211
You can reach us anytime at (760) 340-3248 or (949) 393-5790. A pharmacist is available 24 hours a day, 7 days a week.

What to Expect

1. We will acknowledge your concern within 2 business days.
2. We will work to resolve it within 30 calendar days.
3. If more attention is needed, a manager or our Compliance Officer will review your concern.
4. Once resolved, we will follow up with you to confirm your satisfaction.

Our Quality Commitment
All concerns are reviewed by our Quality Committee, which looks for trends and opportunities to improve care, communication, and safety. Your voice directly helps shape better service for all patients.

Your Privacy Matters
Everything you share is kept confidential and handled in accordance with HIPAA and accreditation standards.

We are honored to care for you and are committed to making your experience safe, supportive, and seamless. Please reach out at any time — we are here for you.

The Specialty Infusion Pharmacy Team

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Your Care at River's Edge Pharmacy

Managing a chronic condition or serious illness can feel overwhelming. We want you to know you are not alone. Our team works closely with your doctors, nurses, family, and caregivers to ensure you receive coordinated, patient-centered care.

What You Can Expect

Personalized Care
Our specialty-trained staff will review your treatment plan with you and answer any questions. We are available 24/7 by our toll-free number to support you whenever you need us.

Collaboration With Your Doctor
We keep open communication with your physicians and caregivers. If any issues arise with your medication or treatment, we work directly with your doctor to resolve them quickly.

Ongoing Follow-Up
We provide regular updates about your orders, including status, delays, and timing for refills. If your prescription needs to be transferred, we will explain the process and keep you informed every step of the way. Our goal is to ensure you receive medications and supplies safely, quickly, and efficiently.

Benefits Support
Navigating insurance can be complex. Our team will help you understand your drug and medical benefits, including copays and coverage options. We advocate for you to reduce costs wherever possible while maintaining the highest quality of care.

Services we offer: Specialty infusion therapy, Home infusion, Specialty Pharmaceuticals, Ambulatory Infusion Center coordination, durable medical equipment and supplies, nursing coordination, and Reimbursement and financial assistance support.

Hours of Operation: Monday through Friday, 8:30 a.m. to 5:00 p.m. Pacific Time. A pharmacist is available 24 hours a day, 7 days a week.

Refills and Delivery: Our staff will call you 5 to 7 days before your refill is due to confirm medication needs, update records, and schedule delivery. Delivery is free to your home, workplace, or other preferred location. In-store pickup is also available.

Delivery and Pickup
We offer free, reliable delivery to your home, workplace, or preferred location. You will receive a call or message through Citius Health 5–7 days before your refill is due to confirm your medications, update records, and schedule delivery. In-store pickup is also available for your convenience.

24/7 Access
Our pharmacists and clinical team are available 24 hours a day, 7 days a week. If you have a question, concern, or notice a possible issue with your medication, contact us immediately.
After-Hours Support: Call (760) 340-3248 or (949) 393-5790. A pharmacist is on call 24 hours a day, 7 days a week.
Returned Goods: Medications cannot be returned once dispensed, except in cases of recall or pharmacy error. River's Edge will provide instructions if a return is necessary.
Financial Responsibility: Patients are responsible for copayments, deductibles, and non-covered services. If Medicare denies coverage, you may receive an Advance Beneficiary Notice (ABN). We offer free access to our Financial Assistance Team to explore any available programs to assist and analyze if assistance is available for coverage.

Drug Substitution Protocols:
River's Edge Pharmacy strives to use the most cost-effective option for you. From time to time, it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring generics to be dispensed in order to reduce your copay obligations. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, River's Edge Pharmacy will default to a generic drug to save you money. Nonetheless, we will use brand name medication at your or your prescriber's request.

Financial Obligation and Financial Assistance
A staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. Patients are responsible for copayments, deductibles, and non-covered services. If Medicare denies coverage, you may receive an Advance Beneficiary Notice (ABN). We offer free access to our Financial Assistance Team to explore any available programs to assist and analyze if assistance is available for coverage and to help with co-payments to prevent interruptions in your therapy due to financial difficulty. These programs may include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.

Insurance claims
River's Edge Pharmacy staff will submit claims to your health insurance carrier the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue.

Co-payments
We are required to collect all co-payments of your medication. Co-payments can be paid by credit card (Visa, MasterCard Discover and American Express), electronic checking account debit over the phone, and by check or money order through the mail.

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Patient Rights and Responsibilities

River's Edge Pharmacy shall honor patient rights and responsibilities and will inform the patients of their rights and responsibilities in the care process.

To ensure the finest care possible, as a Patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

You have the right to receive care that is safe, respectful, and free from discrimination. You have the right to participate in decisions about your care, to receive information about your treatment in clear language, and to file complaints without fear of retaliation. You also have the right to privacy and confidentiality under HIPAA and California law.

You are responsible for providing accurate health and insurance information, following your treatment plan, keeping appointments, notifying the pharmacy of changes in your health or coverage, and safely returning equipment if provided.

Client/Patient Rights

- To select those who provide you with Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To have one's property and person treated with friendliness, courtesy, respect and recognition of client/patient dignity and individuality by each and every individual representing our Pharmacy who provide treatment or services to you and for you to be free from neglect or abuse, be it physical or mental
- To receive information about the product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider or Pharmacy Benefit Management organization, or the termination of services
- To express concerns, grievances, or recommend modifications to your Pharmacy services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and confidentially
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recalls

- To maintain the confidentiality and privacy of all information contained in the client/ patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- To receive information to assist in interactions with the organization
- To receive instructions on the safe disposal of drugs that are in compliance with state and federal laws and regulations
- To receive information on how to access support from consumer advocate groups to receive pharmacy health and safety information to include consumer rights and responsibilities
- To know about the philosophy and characteristics of the patient management program
- To have personal health information shared with the Patient Management Program only in accordance with state and federal law
- To have the right to speak with a health professional
- To receive information about the Patient Management Program
- To receive administrative information regarding changes in or termination of the Patient Management Program
- To decline participation, revoke consent or disenroll at any point in time
- To 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
- To be informed, both orally and in writing, of the charges, including payment for care/ service expected from third parties and any charges for which the client/patient will be responsible
- To receive information about the scope of services that the organization will provide and specific limitations on those services
- To participate in the development and periodic revision of the plan of care
- To refuse care or treatment after the consequences of refusing care or treatment are fully presented
- To be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- To have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- To be able to identify visiting personnel members through proper identification
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- To be able to voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated. For Medicare Beneficiaries, a follow-up will be initiated within 48 hours of the complaint with the resolution completed within 5 days. River's Edge Pharmacy will send Medicare Beneficiaries a written letter of resolution within 14 days.
- To maintain the confidentiality and privacy of all information contained in the client/ patient record and of Protected Health Information

- To be advised on agency's policies and procedures regarding the disclosure of clinical records
- To choose a health care provider, including choosing an attending physician, if applicable
- To receive appropriate care without discrimination in accordance with physician orders, if applicable
- To be informed of any financial benefits when referred to an organization
- To be fully informed of one's responsibilities

If you have questions, concerns or issues that require assistance, please call 1-760-340-3248 or 1-866 -413-3156. Complaints will be forwarded to management, and you will receive a response within 5 business days.

Medication Overview

Safe Handling: Store medications as instructed, such as refrigeration when required and away from light. Do not share your medications with others.

Missed Doses: Follow the instructions provided by your pharmacist or nurse if a dose is missed.

Side Effects: Call 911 or go to the nearest emergency room if you experience a severe reaction. For non-emergency side effects, call River's Edge Pharmacy immediately.

Medication Disposal: Unused or expired medications should be disposed of safely. River's Edge can provide instructions and resources for proper disposal.

Patient Management Program

At River's Edge Pharmacy, we are committed to supporting you throughout your treatment journey. Our **Patient Management Program (PMP)** is a collaborative process between your healthcare provider and our clinical team, which includes pharmacists, intern pharmacists, and other healthcare professionals. Together, we work on your behalf to assess, plan, coordinate, monitor, and optimize your care.

This program is available to all patients — or to their authorized caregiver — receiving specialty therapies such as:

- Rheumatology treatments
- Dermatology therapies
- Allergy and Immunology care
- Intravenous Immunoglobulin (IVIG) therapy
- Autoimmune disorder therapies
- Neurology treatments
- Multiple Sclerosis therapies
- Gastroenterology therapies
- Oncology therapies
- Acute therapies (e.g., COVID-19 treatment or vaccines)

Program Goals

The purpose of the Patient Management Program is to:

- Ensure safe handling, administration, and storage of medications
- Educate you on how to manage missed doses, side effects, and adverse events
- Provide counseling and clinical guidance based on evidence-based references
- Reduce risks such as drug–drug or drug–food interactions and duplicate therapy
- Identify when medication reconciliation is needed
- Address health risks, insurance benefits, and financial obligations that may affect your therapy
- Collaborate with your healthcare provider to optimize care and outcomes
- Improve quality of life through regular follow-up and clinical assessments
- Promote adherence, compliance, and cost-effective care
- Evaluate the appropriateness of therapy and make changes as needed with your provider

Program Structure

- The PMP is available to all River's Edge Pharmacy patients starting therapy, under the supervision of a licensed clinical pharmacist.
- Pharmacy staff, under pharmacist supervision, may contact you to explain the program and offer participation or opt-out options.
- During enrollment, you will receive verbal and written information about the PMP, including in your Patient Welcome Packet.
- Patients' rights and responsibilities are explained at therapy initiation, as required by federal and state law.

Your Rights in the Program

As a participant, you have the right to:

- Know the staff members involved in your care, including the onsite supervisor
- Receive full information about the program, including benefits and limitations
- Speak with a healthcare professional upon request
- Decline or disenroll at any time
- Be notified of any program changes
- Receive educational materials as needed
- Access support 24 hours a day, 7 days a week through our on-call pharmacist

Follow-Up and Evaluation

- New patients will be contacted by a staff member within seven (7) days prior to their next refill to ensure continuity of care.
- Clinical assessments are conducted at baseline and at regular intervals based on your therapy type, goals, and risk factors.
- Program effectiveness is evaluated through both clinical data and patient feedback.

Questions or Enrollment

For more information about the Patient Management Program, or to discuss your participation, please call River's Edge Pharmacy at (949) 393-5780 or (866) 413-3156, or visit us at **www.repharmacy.com**.

6. Compliance and Legal Notices

6.1 Notice of Privacy Practices (HIPAA and CMIA)

River's Edge Pharmacy complies with HIPAA and the California Confidentiality of Medical Information Act (CMIA). This provides you with federal and state privacy protections. Under California law, you have the right to access your medical records within five business days of a written request.

Privacy and HIPAA Statement

River's Edge Pharmacy respects your right to privacy. We are committed to protecting your Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA).

Your PHI includes information such as your name, address, medical conditions, treatments, prescriptions, insurance details, and any other information that identifies you.

How We Use Your Information

We may use and share your PHI for purposes related to your care, including:

- Filling and delivering prescriptions
- Coordinating with your doctors, nurses, or other healthcare providers
- Processing insurance claims and payments
- Conducting healthcare operations such as quality reviews, audits, and accreditation requirements

Your Rights

You have the right to:

- Request a copy of your medical and pharmacy records
- Ask for corrections to information you believe is wrong or incomplete
- Receive a list of certain disclosures of your PHI
- Request limits on how your information is used or shared (although we may not be able to honor all requests if required for care, payment, or by law)
- Request confidential communications (such as using a different phone number or mailing address)
- File a complaint if you believe your privacy rights have been violated

Our Responsibilities

- We are required by law to maintain the privacy of your PHI.
- We will provide you with a Notice of Privacy Practices explaining your rights and our duties.
- We will notify you if there is a breach of your unsecured PHI.

Questions or Complaints
If you have any questions about our privacy practices or believe your rights have been violated, you may contact:

Compliance Officer
River's Edge Pharmacy
Phone: (949) 393-5790

You may also file a complaint directly with:

- U.S. Department of Health and Human Services, Office for Civil Rights (OCR)
- California Department of Public Health
- California Board of Pharmacy

You will not be retaliated against for filing a complaint

6.2 Medicare DMEPOS Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application.
4. A supplier must fill orders from its own inventory or must contract with other companies to fill orders from their inventory. A supplier may not contract with any entity that is currently excluded from the Medicare program.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, repair or replace free of charge Medicare-covered items that are under warranty, and maintain replacement parts for Medicare-covered items.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain supplier compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees.
11. A supplier must agree not to initiate telephone contact with beneficiaries except in limited circumstances.
12. A supplier must answer questions and respond to complaints of beneficiaries, and must maintain documentation of such contacts.
13. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.

14. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
15. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
16. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
17. A supplier must not convey or reassign a supplier number; the supplier may not sell or allow another entity to use its Medicare billing number.
18. A supplier must have a complaint resolution protocol established to address beneficiary complaints.
19. A supplier must maintain records documenting complaints and actions taken.
20. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
21. All suppliers must be accredited by a CMS-approved accreditation organization.
22. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
23. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards.
24. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
25. All suppliers must have a surety bond of no less than $50,000 per location.
26. A supplier must obtain oxygen from a state-licensed oxygen supplier.
27. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR §424.516(f).
28. A supplier is prohibited from sharing a practice location with certain other Medicare providers and suppliers.
29. A supplier must be open to the public a minimum of 30 hours per week.
30. A supplier must meet the surety bond requirements specified in 42 CFR §424.57(d).

6.3 Non-Discrimination and Language Services

River's Edge Pharmacy does not discriminate on the basis of race, color, national origin, sex, age, or disability. We provide free language interpreter services for patients whose primary language is not English. To request interpreter services, please call (760) 340-3248 or (949) 393-5790.

6.4 Complaint and Grievance Policy

You may file a complaint about your care, services, billing, or communication without fear of retaliation or discrimination. Complaints will be acknowledged within two business days and resolved within 30 days when possible. If unresolved, they will be reviewed by the Compliance Officer and the Quality Committee.

Internal Contact:
Compliance Officer, River's Edge Pharmacy
Phone: (949) 393-5790

External Complaint Options:
ACHC: 1-855-937-2242
URAC: 1-202-326-3941
Medicare: 1-800-MEDICARE (1-800-633-4227)
Medi-Cal: 1-800-541-5555
California Board of Pharmacy: (916) 574-7900

6.5 Returned Goods Policy

Medications cannot be returned once dispensed, except in cases of a manufacturer recall or pharmacy error. Patients are responsible for proper disposal of unused medications. River's Edge can provide guidance for safe disposal. Medical equipment may be returned if undamaged and unused, in accordance with insurance rules.

6.6 Financial Responsibility Statement

Patients are responsible for copayments, deductibles, and any services not covered by insurance. If coverage is denied, you may be responsible for the full balance unless an appeal is successful. If you are a Medicare patient, you may receive an Advance Beneficiary Notice (ABN) for items or services that may not be covered.

6.7 One Agency Rule

Patients may only receive home health or home infusion services from one agency at a time, based on payor regulations. Receiving services from more than one provider for the same service may result in loss of eligibility or denial of coverage. You must notify River's Edge Pharmacy if you are currently receiving services from another agency.

Checklist of Forms and Information

7.1 Section A – Forms to Sign and Return

These forms are included in your welcome packet. You may not need to sign every form, based on your particular situation.

1. HIPAA / CMIA Privacy Acknowledgment
2. Consent to Treatment
3. Financial Responsibility Notice
4. Consent to Share PHI / Text Communication
5. Returned Goods Policy Acknowledgment
6. One Agency Rule Acknowledgment
7. Complaint / Grievance Acknowledgment
8. Patient Rights and Responsibilities Acknowledgment
9. Medication-Specific Consent (if applicable)
10. Medicare Secondary Payer (MSP) Questionnaire (Medicare patients only)
11. Advance Beneficiary Notice (ABN) (if applicable)
12. Home Infusion and Equipment Consent

A self-addressed stamped envelope is provided. If forms are not returned timely, it may impact continuity of care, or payor reimbursement. Additionally, it can impact the patient's responsibility for services received.

7.2 Section B – Information Provided (No Signature Required)

1. Notice of Privacy Practices (HIPAA + CMIA)
2. Medicare DMEPOS Supplier Standards
3. Non-Discrimination and Language Services
4. Complaint and Grievance Policy
5. One Agency Rule (policy information)
6. Returned Goods Policy (policy information)
7. Financial Responsibility Statement (policy information)