



179 Cahill Cross Rd * Suite 316 * West Milford, NJ * 07480
Phone: (973) 728-4600 * Fax: (973) 728-2103 * Accounts Receivable: (973) 728-2007

Dear Valued Customer,

Bald Eagle Pharmacy prides itself on being a full service pharmacy with the old "mom and pop" personalized service. Our clients and their families talk directly to our pharmacists and technicians, instead of having to deal with automated answering services.

We are available 24 hours a day, 7 days a week and we routinely deliver to the Hackettstown area twice daily. We participate with most third party insurance companies including Medicare and Medicaid and will bill Medicare for diabetic supplies. All medications will be dispensed in multi-dose packaging. Each client will receive an updated medication administration record (MAR) that will be personalized for each individual.

Our clients will also be able to obtain all over the counter (OTC) products from us, such as cold medicines, vitamins etc. We pride ourselves in our ability to be responsive to the needs and wants of our clients and our unique ability to communicate with staff members and clients' families. We are always available and only a telephone call away. We encourage you to inform us of any special needs that you may have, so that we can provide you with the professional service you deserve.

Included in this packet are two client information forms and a notice of privacy practices (HIPAA). These forms help us provide accurate statements of your account and assist us in processing your payments and identifying our client's unique situations.

Please complete these forms, return them and all prescriptions at least three weeks before camp arrival in the self-addressed envelope. If you have any questions, please contact us at (973) 728-4600.

Sincerely,

John Guercio



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List of Bald Eagle Pharmacy Services

- Multi-dose continuous feed, sealed pouches (not blister packs) will be provided to reduce medication errors.
- Billing will be the responsibility of Bald Eagle Pharmacy.
- Deliveries are made to Hackettstown area twice daily, for no additional charge.
- A pharmacist is on call for emergencies 24 hours a day 7 days a week.
- Medication will be checked in at camp two weeks before the camp start date. This allows time for any changes that need to be made.
- Updated medication administration records (MARs) will be provided for each client.
- Medicare billing will be done by Bald Eagle Pharmacy for any diabetic supplies and other approved medications.
- Over the counter products and surgical supplies are available for purchase.
- We participate with most third party insurance plans, including Medicare and Medicaid.



Questions and Answers **to Prescription Filling for Campers**

Question: How do campers obtain their prescriptions?

Answer: Parents or managers fill out a form that is mailed to them and supply the copies of the prescriptions that need to be filled.

Question: How are the prescriptions packaged?

Answer: They are packaged in multi-dose continuous feed, sealed pouches (not blister packs).

Question: What quantity will be dispensed?

Answer: You will receive whatever quantity your physician prescribes.
Example: 7 Days, 14 Days, 30 Days

Question: Can we obtain a 30 day supply even if our child is in camp for only 7 days so we will only pay one co pay?

Answer: Absolutely, we will fill the prescription for a 30 Day supply that the physician ordered. The unused medication can be taken home and only one co pay will be charged.

Question: How can we shorten the wait time at check in at camp?

Answer: Your prescriptions will be filled and sent to the camp and will be ready for check in. This will put you in "fast track".

Question: How soon before check in at camp should we provide the prescriptions?

Answer: The sooner you supply the information and prescriptions the quicker we can deliver the prescriptions avoiding long check in time. Three (3) weeks before is needed.

Question: Can we order over the counter medication?

Answer: Yes, we will provide any non-prescription medication that is requested.

Question: How do we pay for the prescriptions?

Answer: Our pharmacy will send a bill to the responsible party listed on the initial information form. You may then pay by mail (check or money order) or call us with your credit card information.

Question: What if you cannot fill a prescription because it is too soon to refill?

Answer: We will never leave a client without their medication. We will fill the prescription and bill the insurance company at the due date.



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Client Information

Session Date: _____

Duration of Stay: _____

Will you be continuing on to another session after your stay? _____

If so, which session and for how long? _____

Client Name: _____

Date of Birth: _____ Social Security: _____

Allergies: _____

Address: _____

City: _____ State: _____ Zip Code: _____

**Copies of insurance cards FRONT AND BACK
(ALL CARDS -Medicare A/B+D/Medicaid/Medicaid HMO/PAAD)
MUST be included with this form**

Billing Information

Who is responsible for payment (Patient/Family Member/Guardian):

Name: _____

Address: _____

Phone: _____ Email: _____

Where are the bills to be sent (check one)?

___ Facility

___ Responsible Party(above)

___ Other _____



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Client Medication Listing

Please fill in the client's medications below. This will allow Bald Eagle Pharmacy to verify all prescriptions with the physician, and to ensure that all medications are delivered before the camp start date.
If more space is needed you may attach additional pages.

Patient Name: _____

Physician's Name: _____ MD Phone Number: _____

Medication Name: _____

Strength: _____ Date of last order: _____

Directions: (Include times taken):

Medication Name: _____

Strength: _____ Date of last order: _____

Directions: (Include times taken):

Medication Name: _____

Strength: _____ Date of last order: _____

Directions: (Include times taken):

Medication Name: _____

Strength: _____ Date of last order: _____

Directions: (Include times taken):

Medication Name: _____

Strength: _____ Date of last order: _____

Directions: (Include times taken):

Medication Name: _____

Strength: _____ Date of last order: _____

Directions: (Include times taken):

Please attach the original prescriptions when returning to Bald Eagle Pharmacy.
Our mailing address is: 179 Cahill Cross Road, Suite 316 West Milford NJ 07480.
Our email is bepharmacy@optonline.net.
If you have any questions, please contact us at (973) 728-4600.