



To: Customers and their Family Members

Saliba's Extended Care Pharmacy is proud to have been chosen by the assisted living community where your loved one resides as their contracted pharmacy provider. This decision was based on several factors including:

1. Resident safety
2. Assurance that the facility will remain in compliance with State and Federal regulations
3. Consistency in systems and packaging
4. Convenience of residents and their families

Saliba's Extended Care Pharmacy is a locally owned Arizona company that has been serving the assisted living industry in Arizona for over 25 years. We specialize in providing services tailored to the needs of assisted living communities and their residents.

Our compliance assistive packaging makes it easier for caregivers and nurses to pass medications accurately and timely. By taking on much of the administrative responsibilities associated with obtaining and administering medications; we provide facility staff with more time to spend providing direct care to residents.

We also provide convenience and peace of mind for residents and their families. The services we provide allow you to rest assured that your medications will be there automatically without any effort on your part. Our Phoenix pharmacy is open 24 hours per day, 365 days per year and handles after-hours calls for the Tucson pharmacy. We interact directly with facility staff and prescribers to obtain prescription orders and we deliver all medications free of charge. All routine solid oral dosage forms (tablets and capsules) are provided automatically every 28 days. This obviates the need for residents or family members to go to the pharmacy to pick up medications several times per month.

All of this peace of mind comes at a price that is very comparable to the prices at retail community pharmacy chains. We accept almost all Medicare D, AHCCCS, and commercial insurance plans. Therefore co-pays should be the same at Saliba's Extended Care Pharmacy as they are at retail chains. With the exception of programs such as \$4 generic programs; our non-insurance, cash prices are very competitive as well.

We appreciate the opportunity to serve your assisted living pharmacy needs. Please feel free to call us if you have any questions about our service, or billing.

Sincerely,

John Saliba, RPh
President



Helping the Caregiver

RESIDENT FORMS

SCAN CODE BELOW FOR FORMS



**QUESTIONS?
CALL**

PHOENIX
(623) 815-8965

TUCSON
(520) 818-2883



Phone: 623-815-8965



Fax: 623-815-1222

Below are our delivery run times. The TIME your FAX is received in the pharmacy is critical in determining which run your delivery will be on.

Monday - Friday Run Cut Offs

5:45 AM Run	
Faxed order must be received in the pharmacy by:	3:00 AM
Leaves pharmacy by:	6:00 AM
Expect delivery by:	11:00 AM

11:45 AM Run	
Faxed order must be received in the pharmacy by:	9:00 AM
Leaves pharmacy by:	12 noon
Expect delivery by:	5:00 PM

4:45 PM Run	
Faxed order must be received in the pharmacy by:	2:00 PM
Leaves pharmacy by:	5:00 PM
Expect delivery by:	9:00 PM

If you fax an order after 2PM M-F or 11AM S-S your medication will be delivered on the 5:45AM delivery the

Weekend Run Cut Offs

5:45 AM Run	
Faxed order must be received in the pharmacy by:	3:00 AM
Leaves pharmacy by:	6:00 AM
Expect delivery by:	10:00 AM

1:45 PM Run	
Faxed order must be received in the pharmacy by:	11:00 AM
Leaves pharmacy by:	2:00 PM
Expect delivery by:	6:00 PM

If you are not home when a delivery is attempted, those medications will make their way back to Saliba's Pharmacy. Depending on the time it takes to get the deliveries back in the pharmacy, it may not be the next run before the delivery is reattempted.

If you are expecting medications please be home for the delivery.

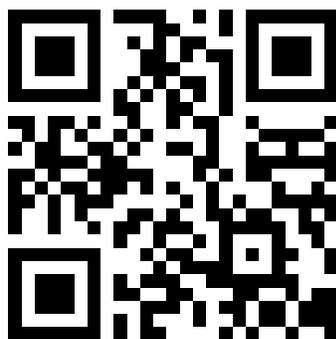


REFILL

Medication

**START REFILLING YOUR MEDICATION
THE FAST AND SECURE WAY USING YOUR
MOBILE DEVICE**

Go to the Google Play Store OR THE
Apple App Store OR **SCAN THE QR CODE
BELOW** and search for Saliba's Pharmacy!





DO NOT CRUSH

Medications

**PLEASE SCAN THE QR CODE BELOW FOR
A LIST OF MEDICATIONS THAT SHOULD
NOT BE CRUSHED**

This list contains various slow-release and enteric-coated tablets that **SHOULD NOT BE CRUSHED** or **CHEWED**



SHARPS REQUIREMENTS FOR BUSINESSES



Applies to any type of business and /or facility that is licensed by the Arizona Department of Health Services

To meet sharps disposal requirements:

1 Properly Document Storage and Disposal Information. Tracking documents must be kept on site for a minimum of one year from disposal date and regularly updated. Typically documented information includes (but is not limited to):

- The name of the person in charge of sharps containers and facility name & address
- Dates of use (i.e., storage start-of-use and date container filled) & of disposal/pick-up
- An ID system, if there are multiple containers in use at one facility

2 Properly Store Sharps. Sharps containers must be:



- Located away from food and other waste
- In a locked container marked “**Biohazardous Medical Waste**” with the universal biohazard symbol
- Stored for no more than 90 days when full or when no longer in use

3 Properly Dispose of Sharps. Must have a state-registered biohazardous medical waste transporter pick up sharps and take them to a biohazardous medical waste treatment facility.

For more about sharps disposal for businesses, including a list of registered biohazardous medical waste transporters, and a program contact visit azdeq.gov/sharps.

For translations or other communications aids, please email the Title VI Coordinator at Bingham.lan@azdeq.gov.

Para traducciones u otras ayudas de comunicación, envíe un correo electrónico al Coordinador del Título VI al Bingham.lan@azdeq.gov.

PERSONAL-USE SHARPS DISPOSAL OPTIONS



Applies to individuals | Be Sharp Smart

Each year, billions of needles and lancets - also called sharps - are used to manage medical conditions at home, and may pose a risk of needle-stick injuries when improperly discarded. To help protect yourself and others, ADEQ recommends the following options:

1 Use a Hard Plastic Container for Trash Disposal (Note that your local trash collection service provider may have additional disposal guidelines): If you don't have a sharps box, close container lid tightly, wrap the lid with duct tape, and write, “DO NOT RECYCLE,” in large letters.

To maximize space, you can use a needle cutter/destroyer (severs needles from the syringe and costs anywhere from \$5 to \$140)

2 Use a Mail-Back Program: Following are some programs that will send you special containers and packaging, dispose of them properly, and send you a new empty set to refill.

Republic Sharps Service: 855-737-7871
GRP: 800-207-0976
MED PRO: 866-402-7499

References to specific commercial products, processes or services, or to any trade, company or corporation are provided to the public for information and convenience purposes only, and do not constitute an endorsement, recommendation or favoring by ADEQ or the State.



For more about personal sharps disposal, visit azdeq.gov/sharps.

Publication Number: C-19-03

Billing FAQs

1. Why do you bill for a 28 day supply instead of a 30 or 90 day supply?

We provide a cycle fill for patients, where their scheduled medications are delivered every 28 days. This approach focuses on ensuring that all medications taken regularly in pill form are supplied in advance for the entire month. This helps maintain consistent treatment and reduces the need for frequent resupply. Medications that are taken on an as-needed basis or those in non-pill forms (such as creams, inhalers, or injections) are not included in the cycle fill. These medications are dispensed separately as requested by the facility, based on the patient's specific needs. By using the 28-day cycle fill, caregivers save significant time by not needing to reorder medications frequently. This allows them to focus more on resident care, improving the quality of service and patient outcomes

2. What is a cycle fill?

A cycle fill is a pharmacy process where all of the scheduled medications, typically in pill form, for all patients at a specific facility are delivered on the same day, and this happens on a regular 28-day cycle. The purpose of this process is to ensure that each patient receives their medications in advance for the upcoming month, making medication management easier for both healthcare providers and patients.

3. I already paid the facility, why am I now receiving a bill from Saliba's?

Unless a patient is staying at a skilled nursing facility under an authorized Medicare A stay, the responsibility for paying for medications sent to the facility falls to the patient or their POA. Unless the facility has specifically instructed us to bill them directly for the patient's medications, the patient or POA is expected to cover the costs for any medications provided during their stay.

4. Why was I billed for full cycle fills twice in the same month?

Cycle fill is billed every 28 days and since there are more than 28 days in each month, each year each home falls into a month where we bill at the very beginning and again 28 days later we bill again for the next cycle fill before the end for that month. For example, if we billed on January 1st we would need to bill again on January 28th for the next cycle fill. Because some months have more than 30 days, this would still happen if we sent all the medications every 30 days.

5. Why did you send a partial quantity and then a full cycle fill?

The cycle fill process may involve additional billing outside the regular 28-day cycle if there are changes in a patient's medication regimen or if a patient leaves and returns to the facility. If a new medication is added to the cycle fill in between the facility's regular scheduled deliveries, we will fill a **partial supply** of that medication for the remaining days until the next scheduled cycle fill. When a patient begins receiving cycle fill medications between the regular cycle fill deliveries, we will process their medications for the appropriate period, again ensuring they receive their required medications. When a patient leaves the

facility (e.g., for a hospital stay) and returns, medications are often disposed of due to facility policies. As a result, the medications are considered to have been "lost," and we must refill them upon the patient's return to the facility, even if this happens between the regular cycle fill dates.

6. Was my insurance billed?

If we have your insurance on file, we will make every attempt to submit our claims to them. The explanation of benefits that is provided by your insurance company should match the bills you receive from us but if they ever don't or you are unsure if we are using the correct insurance, please call our billing staff who will be happy to assist you.

7. Isn't Medicare supposed to cover my medications?

Medicare A and B cover hospital and doctor visits, skilled nursing stays, and durable medical equipment. Medicare D covers medications and is a separate benefit that you must sign up for in order to utilize.

8. I thought I wasn't supposed to have co-pays since I'm on AHCCCS?

Your co-pays are determined by the low income subsidy put in place for you in the Medicaid system. If you find yourself unable to pay the co-pays you are responsible for, you will need to contact your AHCCCS case manager to see if there is anything else they can do.

9. What resources are available to help me pay for my medications?

The Partnership for Prescription Assistance at 1-888-477-2669 or www.pparx.org can tell you which state, federal, and drug assistance programs are available to you. You can also try contacting Social Security at 1-800-772-1213 or www.ssa.gov to see if you qualify for "Extra Help"

10. Can I make payments?

Please call our billing team to discuss your specific situation.

11. How do Medicare D plans work?

When a patient has a Medicare D plan, they may start the year paying a deductible. This is usually added to the cost of the patient's brand name medications. No Medicare drug plan may have a deductible more than \$590. Some Medicare drug plans have no deductible. 2025 Medicare Part D plans have three phases:

Elimination of the Coverage Gap (Donut Hole): The coverage gap phase, also known as the 'donut hole', will be eliminated in 2025. This will simplify your plan into three phases:

- **Deductible Phase:** If your Medicare plan requires a deductible, you'll pay 100% of your drug costs until you reach the deductible, which is \$590 for 2025.
- **Initial Coverage Phase:** During the initial coverage phase, you'll pay 25% coinsurance for covered drugs, after meeting your deductible. The initial coverage phase ends when you reach your annual out-of-pocket spending cap of \$2,000.
- **Catastrophic Coverage Phase:** If you reach your \$2,000 out-of-pocket spending cap, you'll pay nothing for formulary medications for the remainder of the calendar year.



Dear Resident and Family,

A warm welcome to your new community!

We understand the care you've taken to find the right community to call home. Selecting the best pharmacy to serve you is just as important. That's why we are delighted to share that your community has chosen to partner with our pharmacy.

We take great pride in this partnership and are committed to ensuring that you get the medications you need, when you need them, safely – and at the right price.

Our professional and compassionate pharmacy team is wholly focused on delivering exceptional care to you and your community's staff. Our services are provided locally, and are designed to make sure you never have to worry about your medication needs.

Friendly, Knowledgeable Billing Specialists

- **Cost Management** - We coordinate directly with your physicians and insurance company to ensure minimal out-of-pocket medication costs. Unlike a retail pharmacy, we bill medications monthly, and our local billing staff is always ready to answer your billing-related questions.
- **Medicare Benefits Review** - We help you understand your Medicare benefits and offer consultations to help you select a plan that best fits your needs, often saving you money.

Experienced Senior Care Pharmacists

- **Medication Reviews** - Our pharmacists perform ongoing medication reviews to ensure your medication combinations are safe and appropriate for you.
- **Expert Clinical Care** - They also provide expert clinical support to your community's staff and are always available to answer your medication-related questions.

We are very excited for the opportunity to serve you. If you have any questions, please contact us at 623-815-8965.

Sincerely,

John Saliba

President, Saliba's Extended Care Pharmacy



WHY USE SALIBA'S?

Our pharmacy is different. As a specialty long-term care (LTC) pharmacy, we are entirely focused on serving communities like yours.



COMPLIANCE PACKAGING

Easy-to-use packaging options, required by your community, organize your medications by day and time, minimizing the risk of error.



TIMELY DELIVERIES

Scheduled and emergency deliveries to your community 24/7/365, saving you time and eliminating trips to the local pharmacy.



INTEGRATED TECHNOLOGY

Our pharmacy system is connected to your community's electronic medication administration record (eMAR), ensuring medication safety and accuracy.

SCAN TO LEARN MORE





Saliba's Extended Care Pharmacy (Phoenix)
925 E. Covey Lane
Phoenix, AZ 85024
Phone: (623) 815-8965 | Fax: (623) 815-1222
salibaspharmacy.com

PHARMACY SERVICES & PURCHASE AGREEMENT

between Saliba's Extended Care Pharmacy (Phoenix), LLC and _____
(Full Resident Name)

Resident Information & Prescription Drug Insurance

Social Security Number _____ Date of Birth ___ / ___ / ___ Medicare ID # _____

Community/Facility Name & Address _____

Primary Care Physician _____ Physician Phone _____ MALE FEMALE

ALLERGIES? YES NO If yes, please list here _____

Primary Insurance Information

Prescription Insurance Plan _____ Cardholder ID # _____ RX Group # _____

RX BIN# _____ PCN# _____ Relationship to Cardholder: SELF SPOUSE OTHER

A photocopy of the insurance card (front and back) must be included for the pharmacy to process insurance.

Additional Insurance? Please provide information here.

Prescription Insurance Plan _____ Cardholder ID # _____ RX Group # _____

RX BIN# _____ PCN# _____ Relationship to Cardholder: SELF SPOUSE OTHER

Contact Information

Primary Contact/Responsible Party

Name: _____ Phone: _____ (Home/Cell) Email: _____

Address (statement will be mailed to this address): _____
(Street) (City) (State / Zip)

Secondary/Additional Contact

Name: _____ Phone: _____ (Home/Cell) Email: _____

Address: _____
(Street) (City) (State / Zip)





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Phoenix, AZ 85024
Phone: (623) 815-8965 | Fax: (623) 815-1222
salibaspharmacy.com

Please review the following statements.

- The Resident/Responsible Party agrees to pay for any purchases made from Guardian Pharmacy, either directly or by facility personnel on the Resident's behalf, and agrees to pay the full invoice amount by the invoice due date.
- Resident/Responsible Party agrees that Guardian Pharmacy will bill the credit card or banking information listed below if payment is not received by the invoice due date.
- Resident/Responsible Party understands and agrees that Guardian Pharmacy will discontinue service if payment is past due and may send to collections and/or report to credit reporting agencies. A finance charge of 1.5% per month may be charged on balances over 30 days past due.
- Some commercial insurance plans do not cover Long Term Care (LTC) Services. If your plan does not cover these services, Resident/Responsible Party agrees to pay the fee for LTC services received that may be reflected on your invoice.
- Resident/Responsible Party understands that the use of Guardian Pharmacy as a provider of pharmaceuticals and other related services is optional.
- I consent to allow Guardian Pharmacy, its agents, and assignees to contact me by email, phone, and SMS message communication using any contact information that I have provided to Guardian Pharmacy, the physician or facility, for purposes related to my care including treatment, insurance benefits, payment, collections, or operations.

Please initial to acknowledge the above _____

Notice of Privacy Practices & Patient Bill of Rights

I certify that I have had an opportunity to review Guardian's Privacy Notice at the below listed internet link and ask questions to assist me in understanding the rights relative to the protection of the above-named person's health information. <https://guardianpharmacy.com/hipaa-privacy-policy/>

I certify that I have had an opportunity to review Guardian's Patient Bill of Rights at the below listed internet link and ask questions to assist me in understanding the rights relative to the protection of the above-named person's health information. <https://guardianpharmacy.com/bill-of-patient-rights/>

Pharmacy Services Opt-Out

Your community has chosen Guardian Pharmacy as its preferred pharmacy because of the outstanding level of care and service we provide to our residents. However, the Centers for Medicare and Medicaid Services (CMS) guarantees a beneficiary his or her right to a choice of pharmacy providers. We sincerely hope you choose Guardian Pharmacy as your provider, but we will honor your choice if you prefer another provider.

I accept the legal terms and conditions and select to "opt-in" and accept the services provided by Guardian Pharmacy

I do NOT wish to receive medications from Guardian Pharmacy and would like to "opt-out" or decline the services provided by Guardian Pharmacy.

Resident or Responsible Party Signature: _____





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Phoenix, AZ 85024
Phone: (623) 815-8965 | Fax: (623) 815-1222
salibaspharmacy.com

Payment Information

Please fill out one of the boxes below to provide Banking (preferred) or Credit Card information or select the statement below if applicable.

I receive low-income government assistance to help pay for my prescription co-pays

<p>Banking Information:</p> <p>Bank Name: _____</p> <p>Bank Routing Number: □□□□□□□□□□</p> <p>Bank Account Number: □□□□□□□□□□□□□□□□ <i>(Number of digits varies by banking entity)</i></p> <p>Name on Account: _____</p>	<p>Type of Card (circle): Visa / MasterCard / AMEX / Discover</p> <p>Cardholder Name: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p><input type="checkbox"/> Check if the billing address is same as primary contact above</p> <p>Card #: □□□□□□□□□□□□□□□□</p> <p>Expiration: □□/□□ Security Code: □□□□</p>
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Please select one of the following payment options:

- I want to enroll in automatic payment processing using the information provided above and I authorize Guardian Pharmacy to collect payment for charges not paid by my insurance company. Automatic payments will be processed based on the invoice due date.
- I will manually submit monthly payments by the invoice due date and authorize Guardian Pharmacy to bill the payment method above if payment is not received by the invoice due date.

Resident or Responsible Party Signature: _____

Thank you for choosing to use Guardian Pharmacy!

Learn more at <https://guardianpharmacy.com/>

