



Welcome to VFP Pharmacy Group made up of Village Fertility Pharmacy and Integrity Rx Specialty Pharmacy. Thank you for choosing our pharmacies to fulfill your medication needs. With more than 30 years in the fertility pharmacy business, we understand that starting a family can be a challenging and emotional journey.

Your care is very important to us. We have developed this welcome letter to introduce you to our services. We are here to support you through your medication therapy — any time you need us.

Our phones are staffed by dedicated and experienced Patient Care Coordinators, Nurses and Pharmacists at the numbers and hours listed below. We also offer on-call clinical support 24 hours a day for your after-hours emergency services and questions.

Location	Store Name	Main Line	Store Hours
Boston	Village Fertility Pharmacy 335 Bear Hill Road, Waltham, MA 02451	877-334-1610	Mon–Fri 8:30 a.m.–7:00 p.m. ET Sat 8:30 a.m.–5:00 p.m. ET
Chicago	Village Fertility Pharmacy 4580 Weaver Pkwy, Warrenville, IL 60555	877-595-2400	Mon–Fri 9:30 a.m.–6:00 p.m. CT Sat 10 a.m.–2 p.m. CT
Phoenix	Integrity Rx Specialty Pharmacy 8425 N. 90th St, Ste 8, Scottsdale, AZ 85258	800-321-9956	Monday–Friday 6:00 a.m.–5:30 p.m. Doors open at 8:30 a.m. Saturday 9:30 a.m.–1:30 p.m.
Los Angeles	Integrity Rx Specialty Pharmacy 9397 Haven Ave, Rancho Cucamonga, CA 91730	909-781-4999	Monday–Friday 9:30 a.m.–5:30 p.m. Saturday 9:30 a.m.–1:30 p.m.

You may also reach us on the same numbers for questions regarding:

- How to fill and/or refill prescription;
- The status of an order;
- How To request transfer of prescription to or from the pharmacy;
- Information about order delays;
- Suspected medication issues;
- Complaints (including medication, errors or adverse drug events); or,
- Emergency preparedness

Walk-in service is available at our pharmacies at the addresses listed above.

Please visit our website:

<https://www.VFPpharmacygroup.com> for a complete overview of our service offerings, including helpful injection teaching videos and links to many supportive services.

Please review our Welcome Packet, including the information listed below on our website

<https://VFPpharmacygroup.com/patients/welcome-kit/> under “For Patients”.

- Patient Rights and Responsibilities
- HIPAA / Notice of Privacy Practices
- Pharmacy Access Information
- Financial Information
- Proper Disposal of Medication
- Locations near you to safely dispose of needles and sharps
- VFP’s Patient Care Program

To ensure patient safety, it is very important to report when you begin or stop the use of any prescription and over-the-counter medications and supplements. Please consult with your physician before using any herbal and over-the-counter supplements.

Patient Rights and Responsibilities

As a VFP Pharmacy Group Patient, you have the right to:

- Be given appropriate and professional pharmacy services without discrimination against your race, creed, color, national origin, religion, gender, sexual preference, handicap or age.
- Speak with a pharmacist about any questions or concerns about your medications.
- Speak with a clinical staff member (pharmacist or nurse) for emergency situations 24 hours a day, 7 days a week including holidays.
- Be fully informed of the pharmacy's fertility programs.
- Receive services from personnel who are qualified including a Registered Pharmacist, Nurse or a Pharmacy Technician.
- Choose the pharmacy from which you receive fertility services, change pharmacy providers at any time, and accept or decline any services offered (as allowed by law).
- Know about the philosophy and characteristics of the fertility pharmacy program.
- Ask for help in finding and transferring the pharmacy services you need for your treatment.
- Receive the pharmacy services you need at the time you need them.
- Receive respectful and considerate treatment from all pharmacy staff.
- Be sure that your pharmacy services records will be kept confidential.
- Say "yes" or "no" to giving those records to any other agencies and to have personal health information shared only in accordance with state and federal law.
- Ask for the identity and job title of the staff member you are speaking with and to speak with a supervisor if requested.
- Know how we handle complaints.
- Be notified of any administrative changes to the fertility pharmacy program that may affect you.
- Get full explanations of the total bill for the services and the products you have received.

As a VFP Pharmacy Group Patient, you have the responsibility to:

- Give correct and complete information about your health, medications, allergies and other important medical information and notify the pharmacy of any changes.
- Notify VFP of any problems, concerns or dissatisfaction with our services.
- Notify VFP of any changes that may need to be made prior to a scheduled delivery.
- Complete and return any required forms.
- Ask for more information about anything you do not understand.
- Participate in the care you get from doctors and pharmacies.
- Pay for the services and care received.



Contact Us

Pharmacy Access Information

See our website for any updates to these hours at <https://VFPpharmacygroup.com/contact-us/>

<https://VFPpharmacygroup.com/patients/ask-nurse-hannah/>

LOCATIONS AND HOURS OF OPERATION: Please select the pharmacy nearest to you

Boston

Village Fertility Pharmacy

24/7 Customer Care Center

Address: 335 Bear Hill Road, Waltham, MA 02451

Phone: [877-334-1610](tel:877-334-1610)

Fax: 877-334-1602

Patient Care Center Hours

Mon–Fri 8:30 a.m.–7:00 p.m. ET

Sat 8:30 a.m.–5:00 p.m. ET

Chicago

Village Fertility Pharmacy

24/7 Customer Care Center

Address: 4580 Weaver Pkwy, Warrenville, IL 60555

Phone: [877-595-2400](tel:877-595-2400)

Fax: 630-357-2989

Patient Care Center Hours:

Mon–Fri 9:30 a.m.–6:00 p.m. CT

Sat 10 a.m.–2 p.m. CT

Phoenix

Integrity Rx Specialty Pharmacy

24/7 Customer Care Center

Address: 8425 N. 90th St, Ste 8, Scottsdale, AZ 85258

Phone: [800-321-9956](tel:800-321-9956)

Fax: 800-321-9931

Patient Care Center Hours

Monday–Friday 6:00 a.m.–5:30 p.m. Doors open at 8:30

Saturday 9:30 a.m.–1:30 p.m.

California (“Los Angeles”)

Integrity Rx Specialty Pharmacy

24/7 Customer Care Center

Address: 9397 Haven Ave, Rancho Cucamonga, CA 91730

Phone: [909-781-4999](tel:909-781-4999)

Fax: 909-781-4988

Patient Care Center Hours

Monday–Friday 9:30 a.m.–5:30 p.m.

Saturday 9:30 a.m.–1:30 p.m.

Closed Sunday

Telecommunication Relay Services (TRS) – Persons with a hearing or speech disability may contact us via TRS services. Dial 711 to be automatically connected to a TRS operator.



Insurance Coverage for Fertility

VFP Pharmacy Groups' goal is to assist you in obtaining the maximum insurance coverage for your fertility medications. Our dedicated team of insurance experts are available to investigate your prescription coverage to ensure you maximize your benefits. Ask your clinic about VFP's Insurance Pre-Verification Program!

Insurance coverage for infertility can range from comprehensive to non-existent. Each insurance company has its own policies regarding fertility coverage and policies from the same insurance company may differ by each employer. As a patient, you can be your own best advocate by thoroughly understanding your insurance coverage. The booklet provided by your insurance company when you signed up for coverage is a useful tool. It is recommended that you verify your benefits before beginning any treatment so you are aware of your potential costs.

You should ask the following series of questions:

Do I have prescription coverage for fertility medications, including self injectables?

If the response is "no," inquire if you have coverage for self injectable fertility medications under your medical policy. If that response is "no," contact our pharmacy to discuss our various discount programs available to cash paying patients.

If the response is "yes," ask the following questions:

- What is the age range for fertility medications coverage?
- Am I covered for both Intrauterine Insemination (IUI) and In-vitro Fertilization (IVF) cycles?
- Are there any limits on these services?
- What are the names of the fertility medications that are covered?
- Which fertility medications, if any, require prior authorization?
- Am I required to use a specific specialty pharmacy in order to be covered? If "yes," what is the name and telephone number of the specific specialty pharmacy I need to use?
- What are my co-pays? Remember that copay amounts are dictated by the insurance company and are the same regardless of which in network pharmacy provider you use to obtain your medications.
- Do I have a deductible? If "yes," what is the amount and how much has been used (or how much still remains)?
- Do I have a maximum dollar amount or a lifetime cap? If "yes," what is the amount and how much has been used (or how much remains)?

Remember to always ask for the name of the person you are speaking with, their direct telephone number or extension and document the date and time of your call.

If you have no insurance coverage or you have exceeded your cap/lifetime maximums, please be sure to contact the pharmacy nearest to you to speak with one of our customer care representatives to discuss the pricing options available to you.

Fertility medications are sometimes covered under a patient's "medical" benefit instead of the traditional "pharmacy" benefit. In these cases, patients may be required to pay for their medications out-of-pocket and submit receipts to their insurance company for reimbursement. It is important to note that the patient may not be reimbursed the total out-of-pocket expense due to various factors such as deductibles, co-insurance, copay amounts, lifetime maximum limits and/or caps.



Insurance Coverage for Fertility

Some insurance companies require “prior authorization” for fertility medications. The insurance company may require clinical information from the health care provider before granting permission and payment for fertility medications. Please be advised that many insurance companies require 48 hours to review prior authorization requests. Copay amounts are dictated by the insurance company and are the same regardless of which in-network pharmacy provider your patient chooses to use.

In an effort to reduce waste/unused medication, some insurance companies have instituted Waste Management Programs. The intent of these Waste Management Programs is to limit the potential for unused medication during and after a patient’s cycle. These insurance companies require their designated specialty pharmacies to collaborate with patients and help manage the number of medication refills needed to complete a patient’s cycle. Therefore, you may receive less medication than the actual amount written and her needs will be fulfilled through refills. We will work diligently to ensure that you have the amount of medication you need, when you need it.

Terms:

Annual Cap: This represents the maximum costs the policy will cover per year for a specific condition. If exceeded, a patient’s insurance may no longer pay for any costs associated with continued treatment of this condition.

Co-insurance: The portion of eligible expenses that plan members are responsible for paying, most often after the deductible is met. Co-insurance is usually determined as a percentage of the provider’s actual charge, or the allowed amount.

Copayment: A fixed dollar amount paid for a covered service.

Deductible: The dollar amount that a member must pay for health care services before a health plan will cover eligible services. For example, if a member’s deductible is \$500, the member will pay that amount out-of-pocket before the health plan will cover any eligible services.

Formulary: A pre-approved list of commonly prescribed prescription drugs. Most health insurance companies maintain some kind of formulary. Formularies are usually developed by a committee of physicians and pharmacists, and include both brand-name and generic medications. Medications included in a formulary are usually covered by a health insurance plan’s benefits.

Prior Authorization: The process of obtaining prior approval for a medication from the health plan before the pharmacy may dispense that medication.

Lifetime Cap/Maximum Dollar Amount: This represents the maximum costs the policy will cover during your patient’s lifetime for a specific condition. If exceeded, your patient’s insurance may no longer pay for any costs associated with continued treatment of this condition.



Self-Pay Patients

If a patient does not have insurance that covers their fertility treatments or only covers a portion of their medications, we partner with excellent networks that can help you save money on your out-of-pocket expenses.

Simply contact our Patient Care Coordinators and our expert staff will patiently walk you through the process of signing up for a network that is designed to significantly reduce the cost of their fertility medications.

For more information on opportunities for Self-Pay support see our website at <https://VFPpharmacygroup.com/pricing-and-financing/self-pay/>

Translations and Large Print Versions Available Upon Request

Village Fertility Pharmacy | 335 Bear Hill Road, Waltham, MA 02451 | www.villagepharmacy.com | 877-334-1610



Ordering Refills

To order refills select the store nearest to you:

Location	Store Name	Main Line	Store Hours
Boston	Village Fertility Pharmacy 335 Bear Hill Road, Waltham, MA 02451	877-334-1610	Mon–Fri 8:30 a.m.–7:00 p.m. ET Sat 8:30 a.m.–5:00 p.m. ET
Chicago	Village Fertility Pharmacy 4580 Weaver Pkwy, Warrenville, IL 60555	877-595-2400	Mon–Fri 9:30 a.m.–6:00 p.m. CT Sat 10 a.m.–2 p.m. CT
Phoenix	Integrity Rx Specialty Pharmacy 8425 N. 90th St, Ste 8, Scottsdale, AZ 85258	800-321-9956	Monday–Friday 6:00 a.m.–5:30 p.m. Doors open at 8:30 a.m. Saturday 9:30 a.m.–1:30 p.m.
Los Angeles	Integrity Rx Specialty Pharmacy 9397 Haven Ave, Rancho Cucamonga, CA 91730	909-781-4999	Monday–Friday 9:30 a.m.–5:30 p.m. Saturday 9:30 a.m.–1:30 p.m.

When your physician indicates that you need to increase your dosage, or you are aware that you are running low on your medications, your prescription label will indicate how many refills you have available.

If you have refills left on your prescription, you may refill your prescription by calling us. For those who are picking up their orders, we recommend that you call ahead of time to help us expedite the process and ensure that your medications are ready when you arrive.

No refill left on your prescriptions? We are happy to help here, too. Feel free to contact us and we will get in touch with your physician to obtain another prescription for your medication. You can also call your physician directly to request the prescription.



Proper Disposal of Medication

For information on how to dispose of Sharps containers, needles and syringes, visit www.safeneedledisposal.org

For information regarding how to dispose of unused medication can be found on the US Food & Drug Administration website www.fda.gov

You can find Controlled Substance Public Disposal locations in your area on the US Drug Enforcement Website www.dea.gov

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VFP believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy.

VFP provides a Patient Care Program (P-Care) to those patients receiving specialty medications.

The P-CARE services provide help for patients to understand, manage and comply with their drug treatment. In addition, it provides assistance to those patients experiencing difficulty taking, obtaining or following their medication schedule.

VFP patient care services include the following:

- Education and counseling with the Pharmacist, designed to enhance patient understanding and appropriate use of his/her medications
- Information and resources designed to enhance patient compliance with specialty drug administration
- Coordination of healthcare services, with providers, and other healthcare professionals participating in the patient's care
- Care planning to ensure treatment goals meet the patient's needs and are shared among the patient's providers

VFP believes that patients may gain the following potential health benefits by participating in the Patient Care Program:

- Improved knowledge of medication use and administration
- Improved medication compliance by creating an individualized plan for the patient to make sure medication is taken as prescribed
- Greater self-management of medications and medical condition

- Improved coordination of healthcare services through the collaboration of your pharmacist, doctor and healthcare team
- 24/7 accessibility to a pharmacist or other clinical person
- Regular follow-up to assure your medications are being effective for you

The P-Care has limitations. These include:

- Active patient participation in medication management is required
- The patient must inform VFP of changes in medical condition and medication therapy

You will automatically receive these patient care services if you are taking a specialty medication. The P-Care is offered free of charge to our patients.

You may opt out of the P-Care at any time. If you choose to opt out of the P-Care, you will no longer have access to:

- Follow up calls from our clinical team
- Follow up emails, including emails with package tracking information
- Patient satisfaction surveys

You will still have access to the following services

- Patient reassessment at refill
- Patient education resources
- Patient access to a nurse or pharmacist 24/7
- If any problem is detected, a pharmacist will contact you and decide with you if participation in the P-Care for more regular follow-ups are needed

You may opt out of this program at any time by calling VFP at: 877-334-1610 or by [clicking here to OPT OUT of the Patient Care Program](#). Please include your name and DOB in the email.



HIPAA / Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PHARMACEUTICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our pharmacy is to give our patients this notice (in paper or electronically as the patient wishes) of our legal duties and privacy practices concerning their Protected Health Information, and also to tell our patients about their rights under HIPAA.

I. Uses and Disclosures of Protected Health Information. There are two categories for the use and disclosure of our patients' Protected Health Information: (A.) information that we can use and disclose without the patient's prior consent; and (B.) information that we cannot use or disclose without the patient's prior authorization.

A. Patients' Prior Consent Not Required.

1) **Treatment.** In the first category, we are permitted to use and disclose our patients' Protected Health Information in connection with their medical treatment in situations such as allowing a family member or other relative or a close personal friend or other person involved in the patient's health care to pick up the patient's prescriptions and to receive Protected Health Information that is directly related to the patient's care. In doing so, we are to use our professional judgment and experience with common practice in determining what is in the patient's best interest. Other examples include sending information about a patient's prescriptions to the patient's family doctor or to a specialist who is treating the patient or to a hospital where the patient is receiving care, particularly if the patient has suffered a health emergency.

2) **Payment.** If a patient is covered by a pharmacy benefit plan, we are entitled to send Protected Health Care Information to the plan or to another business entity involved in our billing system describing the medication or health care equipment we have dispensed so that we can be paid.

3) **Health Care Operations.** In addition, we can provide Protected Health Information for health care operations such as evaluations of the quality of our patients' health care in order to improve the success of treatment programs. Other examples include reviews of health care professionals, insurance premium rating, legal and auditing functions, and business planning and management.

4) **Other Permitted Uses and Disclosures.** There are a number of other specified purposes for which we may disclose a patient's Protected Health Information without the patient's prior consent (but with certain restrictions). Examples include public health activities; situations where there may be abuse, neglect or domestic violence; in connection with health oversight activities; in the course of judicial or administrative proceedings; in response to law enforcement inquiries; in the event of death; where organ donations are involved; in support of research studies; where there is a serious threat to health and safety; in cases of military or veterans' activities; where national security is involved; for determinations of medical suitability; for government programs for public benefit; for workers' compensation proceedings; when our records are being audited; when medical emergencies occur; and when we communicate with our patients orally or in writing about ZAling prescriptions, about generic drugs that may be appropriate for a patient's treatment, or about alternative therapies.

B. Patients' Prior Authorization Required.

For purposes other than those mentioned above, we are required to ask for our patients' written authorizations before using or disclosing any of their Protected Health Information. If we request an authorization, any of our patients may decline to agree, and if a patient gives us an authorization, the patient has the right to revoke the authorization and by doing so, stop any future uses and disclosures of the patient's health information that the authorization covered. An example of a situation where the patient's

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prior authorization would be required would be if we wish to conduct a marketing program that would involve the use of Protected Health Information.

II. Patients' Rights. HIPAA and the Regulations provide our patients with rights concerning their Protected Health Information. With limited exceptions (which are subject to review) each patient has the right to the following:

1) **Patient's Record.** Each patient can obtain a copy of his or her Protected Health Information upon written request. The only charge will be based on our cost in responding to the request. The amount of the charge will vary depending on the format the patient requests and whether the patient wants the record or a summary, and whether it is to be delivered by mail or otherwise. The patient will be told of the fee when the patient's request is received. If at the time of the patient's request we maintain an electronic health record with respect to Protected Health Information, the patient has a right to obtain a copy of the patient's Protected Health Information in electronic form and to direct that the copy directed to a clearly identified person or entity.

2) **Accounting for Disclosures.** Each patient can, upon written request, obtain a list of the disclosures of the patient's Protected Health Information that have occurred within the 6 years preceding the request, except for disclosures made for the purposes of treatment, payment or health care operations and certain others. There will be no charge for the first request in any 12 month period, but we are entitled to charge a reasonable cost based fee for additional requests made in the same period of time. However, if at the time of the patient's request we maintain an electronic health record with respect to Protected Health Information, the foregoing exception will not apply and the period covered for the accounting will be the 3 years preceding the request.

3) **Amendments.** Each patient may ask to change the record of his or her own Protected Health Information upon written request explaining why the change should be made. We will review the request, but may decline to make the change if in our professional judgment we conclude that the record should not be changed.

4) **Communications.** Upon written request, each patient can ask us to communicate with him or her about their own Protected Health Information in a confidential manner such as by sending mail to an address other than the home address or using a particular telephone number.

5) **Special Restrictions.** Upon written request, each patient can ask us to adopt special restrictions that further limit our use and disclosure of the patient's Protected Health Information (except where use and disclosure are required of us by law or in emergency circumstances). We will consider the request; but in accordance with HIPAA we are not required to agree to with the request; provided, however, we will comply with a patient's request to restrict the disclosure of Protected Health Information to a health plan if the disclosure is for payment or health care operations (excluding treatment), and the disclosure pertains solely to a health care item or service for which we have been paid out of pocket in full.

6) **Complaints.** If a patient believes that we have violated the patient's rights as to the patient's Protected Health Information under HIPAA or if a patient disagrees with a decision we made about access to the patient's Protected Health Information, the patient has the right to file a written complaint with our Contact Person listed below. Our Contact Person is required to investigate, and if possible, to resolve each such complaint, and to advise the patient accordingly. The patient also has the right to send a written complaint to the U.S. Department of Health and Human Services. Under no circumstances will any patient be retaliated against by this pharmacy for filing a complaint.

We are required by law to protect the privacy of our patients' Protected Health Information, to provide this notice about our privacy practices, and follow the privacy practices that are described in this notice. We reserve the right to make changes in our privacy practices that will apply to all the Protected Health Information we maintain. A new notice will be available on request before any significant change is made.

Our Contact Person: Jodi Barry; P: 877-334-1610; F: 877-334-1602; privacy@villagepharmacy.com

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