

## **Pharmacy Agreement**

- 1. Choice of Pharmacy.** Pursuant to the terms of the Resident's Healthcare Center Resident Admission Agreement, Resident or Responsible Party, as applicable, must designate a pharmacy from which to obtain prescription drugs and other pharmaceutical products and supplies. Resident may choose to use CC Young's contracted pharmacy ("Contracted Pharmacy").

Alternatively, the Resident may choose a pharmacy other than the Contracted Pharmacy (the "Preferred Pharmacy"). Resident's Preferred Pharmacy must agree, among other things, to provide services in accordance with all applicable federal and state statutes and regulations and other requirements of CC Young, including, but not limited to: providing charge accounts; timely, twenty-four hour service and delivery; supply designated unit dose packaging; and monitoring. If Resident's Preferred Pharmacy will not agree to meet these requirements, Resident will be required to designate another pharmacy of his or her choice.

Resident's selection will be documented on the signature page hereto.

- 2. Payment of Pharmacy Charges.** CC Young shall not be responsible for any charges incurred by Resident for pharmaceutical products or services. Regardless of Resident's choice of pharmacy, Resident or Responsible Party, as applicable, will pay all charges for medications and items of a pharmaceutical nature. Responsible Party agrees to pay any pharmacy charges out of Resident's funds and resources, as applicable. Resident or Responsible Party will promptly notify pharmacy of any changes to Resident's billing information.
- 3. Unit-Dose Packaging.** Non-covered medications may be more expensive if unit-dose packaging is used in the facility. CC Young may use any unit-dose packaging that CC Young determines, in its sole discretion, to be necessary.
- 4. Freedom of Choice; Change of Pharmacy.** Resident recognizes that he or she has complete freedom of choice when selecting a qualified pharmacy. Resident may designate another qualified pharmacy at any time by providing written notice of his or her choice to the Administrator. CC Young will notify Resident if the selected Preferred Pharmacy is ineligible.

**[signature page follows]**

**Pharmacy Designation.** Resident or Responsible Party, as applicable, agrees to obtain prescription drugs and other pharmacy products and supplies from the following pharmacy (select one):

- CC Young's Contracted Pharmacy; or
- Resident's Preferred Pharmacy. If selected, please provide the following information:

Preferred Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**RESIDENT**

**RESPONSIBLE PARTY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date