

McCarthy's Pharmacy

6032 Route 82, Stanfordville, NY 12581

Phone: 845-868-1010

Fax: 845-868-1006

Email: mccarthysrx@gmail.com

Checklist to have McCarthy's Pharmacy fill medications for camper:

- Fill out the Medication Request Form (if you have more than one camper, please fill out separate form for each). This form is to be completed by parent/guardian, **not the prescriber**. This double checks to make sure prescriptions are written and filled accurately. All **prescription and non-prescription (OTCs, vitamins & supplements)** items to be filled and/or packaged by McCarthy's Pharmacy are to be listed on this form.
- Get new prescriptions (for all **prescription and non-prescription**) items listed on the Medication Request Form from prescriber(s). There is an optional letter to submit to prescribers to assist with this. All prescriptions must be written for a 30 day supply (not more, not less).
- For campers staying more than 30 days, there will need to be refills or additional prescriptions sent in.
- Control prescriptions must be sent in seven days prior to the previous prescription running out.
- PLEASE REVIEW ALL PRESCRIPTIONS YOU ARE SUBMITTING: THEY WILL BE DISPENSED EXACTLY AS WRITTEN BY YOUR PHYSICIAN. Prescriptions that are to be filled with brand name only, the prescriber must specify Dispense as Written, or it will be filled generically. Make sure you are submitting a prescription for every item listed on the Medication Request Form.**
- Fax(845-868-1006) or email(mccarthysrx@gmail.com) copies, front and back, of all insurance cards.
- All forms are to be faxed to 845-868-1006 or emailed to mccarthysrx@gmail.com.
- All written prescriptions are to be faxed to 845-868-1006, hard copies of prescriptions(even if faxed in) are to be mailed to: Attn: Jim, McCarthy's Pharmacy, 6032 Route 82, Stanfordville, NY 12581.
- If your primary pharmacy automatically fills your prescriptions, especially if it is a mail order pharmacy, have them **not** do so until your credit card(s) have been billed. This will prevent issues with billing your insurance and possibly making **you responsible for the full price** of your prescription(s)
- If you are signed up for mail order prescriptions, call your insurance company and explain to them that your child is going to a residential summer camp that requires you to use their pharmacy for special packaging purposes. Your insurance should put an override in to allow us to bill them.

Understand the fees and dates on the bellow.

Fee Schedule

Packaging & Processing Fee \$39.00	Rush Fee up to 7 Days Late \$10.00	Rush Fee up to 14 Days Late \$20.00	Rush Fee up to 21 Days Late \$30.00
Rush Fee More than 21 Days Late \$45.00	Repackaging Fee Due to error on physician's and/or parents part or medication change \$30.00	Refill Packaging & Processing Fee \$20.00	Additional Packaging Fee for Products We Are Not Able to Supply \$3.00 per item

Dates Chart

Session(s) Enrolled	Start Date	Medication Request Form & Prescriptions Due to Avoid Rush Fees	Rush Fee of \$10.00 up to	Rush Fee of \$20.00 up to	Rush Fee of \$30.00 up to	Rush Fee of \$45.00 after
4 Week	6/24	5/25	6/1	6/8	6/15	6/15
2&1/2 Week	7/22	6/22	6/29	7/6	7/13	7/13
6&1/2 Week	6/24	5/25	6/1	6/8	6/15	6/15

- ❖ For the **6 & 1/2 Week Option**, have the prescriber put refills on the prescriptions or send a second prescription.

If all of the items above are **complete**, relax, the rest of the work is on us:

McCarthy's Pharmacy & Camp Eagle Hill

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Medication Request Form for Camp Eagle Hill (To be completed by Parent/Guardian)

Mail the hard copies of all the prescriptions to: **McCarthy's Pharmacy, 6032 Route 82, Stanfordville, NY 12581**. The Medication Request Form and prescriptions must be faxed or emailed in a **minimum of 30 days** prior to camp session start date **to avoid rush fees**.

Camper's Information

Last Name: _____

First Name: _____

Sex: Male Female

Camper's DOB (mm/dd/yy) _____/_____/_____

Medication Allergies: _____

Parent/Guardian Information

Last Name _____

First Name _____

Primary Phone # _____

Secondary Phone # _____

Address _____

Email Address _____

Does the camper have a secondary insurance, such as any state Medicaid? Y N

Circle session(s) attending:

4 Week	2&1/2 Week	6&1/2 Week
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PLEASE REVIEW ALL PRESCRIPTIONS YOU ARE SUBMITTING: THEY WILL BE DISPENSED EXACTLY AS WRITTEN BY YOUR PHYSICIAN. LIST ALL PRESCRIPTION AND NONPRESCRIPTION ITEMS TO BE FILLED AND/OR PACKAGED BY MCCARTHY'S PHARMACY.

Medication	Strength	Breakfast	Lunch	Dinner	Bedtime	PRN (As Needed)
** (example) Vibramycin **	100 mg	2.5 tabs	1 tab	2 tabs	2 tabs	0 tabs
1						
2						
3						
4						
5						
6						

To be faxed to 845-868-1006 or emailed to mccarthysrx@gmail.com

Camper's Last Name: _____ Camper's First Name: _____

Camper's DOB ____/____/____

Does the camper take medication any special way? (w/ juice, in yogurt, etc.) _____

FLEX CARDS DO NOT PAY FOR FEES

Credit Card Type for Fees (Visa, Discover, etc.) _____ Credit Card # _____ - _____ - _____ - _____

Expiration Date ____/____ Security Number (on back of card) _____

Credit Card Type for Prescriptions (if different) _____ Credit Card # _____ - _____ - _____ - _____

Expiration Date ____/____ Security Number (on back of card) _____

I acknowledge responsibility and authorize the pharmacy to charge my credit card(s) listed above, for the cost of any medications not covered by my insurance, for any medications the pharmacy cannot get reimbursed for, as well as any co-payments, deductibles and pharmacy fees (see fee chart below). I agree to authorize the pharmacy to contact my insurance company for insurance verification, billing and collections for my child's medications. Our licensed pharmacy is HIPPA compliant and all personal information received will be solely maintained for the purpose of dispensing prescription and insurance collections.

Packaging & Processing Fee \$39.00	Rush Fee up to 7 Days Late \$10.00	Rush Fee up to 14 Days Late \$20.00	Rush Fee up to 21 Days Late \$30.00
Rush Fee More than 21 Days Late \$45.00	Repackaging Fee Due to error on physician's and/or parents part or medication change \$30.00	Refill Packaging & Processing Fee \$20.00	Additional Packaging Fee for Products We are Not Able to Supply \$3.00 per item

Print Name: _____ Sign: _____

Date: _____

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FAQs

- Q What if the prescriptions are too early to bill to my insurance?
- A Most insurance plans will accept a vacation override for prescriptions to be filled early. If the insurance does not accept vacation overrides, we will bill the insurance company when prescription(s) are due.
- Q When will my credit card(s) be charged?
- A Fees will be charged to your credit card starting one week prior to the camp session start date. Once all prescriptions have been billed through your insurance, we will then charge the copay(s)/prescriptions to the credit card. When campers are at camp more than 30 days we will fill refills and charge the credit card accordingly.
- Q What if there are **supplements/non prescription** items to be filled that the pharmacy cannot provide?
- A You can ship them to the pharmacy to be packaged for an additional \$3.00 per item. The items sent to us must be sealed bottles, open items will not be used. The pharmacy will contact you if they cannot supply the items. Send these items to the address above and include a copy of the Medication Request Form. These items must be approved by the physician by writing prescriptions for them. **Only send items if the pharmacy has contacted you to do so.**
- Q What will happen to any medications not used at camp?
- A Any medication left will be returned to you when the camper is picked up. Make sure you do not leave them behind.
- Q Why does the paperwork need to be submitted 30 days before camp starts?
- A It gives us time to thoroughly go through everything submitted, confirm active insurance coverage, make phone calls to clarify anything in question, package the medications and deliver them to camp a week before the session starts.
- Q What is special about having McCarthy's Pharmacy fill the medication over bringing our own?
- A We use a packaging system called Medicine-On-Time. This is a multi-dose color coded blister packing system. This system packages all pills given at each dispensing time together in a blister card. All of the blister cards are color coded to match the charts on the MSRs (medication supervision record) that we print and supply for camp. The MSRs will also have the camper's picture on it, if his/her picture is uploaded in your Camp Eagle Hill Account. This is essential for the Heath Center to dispense medication accurately. Visit www.medicine-on-time.com for a video and other information on the Medicine-On-Time system.

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Physician Letter

Dear Physician,

_____, DOB ____/____/____ will be attending Camp Eagle Hill in Elizaville, NY for the sessions circled below.

He/she will need prescriptions (for all **prescription and non-prescription** items to be dispensed at camp) written for McCarthy's Pharmacy to fill for the time he/she will be at camp.

- ❖ All prescriptions must be written for **30 day supply** (not more, not less)
- ❖ Dispensing times for medications are Breakfast at **8AM**, Lunch at **1PM**, Dinner at **6PM** and Bedtime at **8:30PM**
- ❖ NY State law-no refills on CII or Benzodiazepine prescriptions
- ❖ Prescriptions must be submitted to pharmacy **30 days prior to start date** listed on chart

Session Enrolled	Session Start Date	Send Prescriptions By Date
4 Week	6/24	5/25
2&1/2 Week	7/22	6/22
6&1/2 Week	6/24	5/25

- ❖ Refills are needed for campers in the 6&1/2 Week Option. No refills are allowed on CII or Benzodiazepine prescription(s), please write additional prescription(s).

Prescriptions can be submitted to McCarthy's Pharmacy by the parents/guardian or e-scribed, faxed to 845-868-1006 or mailed by the prescriber. If faxed, hard copies must still be mailed.

Thank You,
McCarthy's Pharmacy