

# THE RIGHT TO CHOOSE YOUR PHARMACY PROVIDER



## PHARMACY OPT-OUT

Your community has chosen Midwest LTC Pharmacy as its preferred pharmacy because of the outstanding 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 Midwest LTC Pharmacy as your provider, but we will honor your choice if you prefer another provider.

This form is only for those who do NOT wish to receive their medications from Midwest LTC Pharmacy and would like to “opt-out” or decline the services provided by Midwest LTC Pharmacy.

By signing this form, you are acknowledging the following:

- You are choosing to use a pharmacy provider that is not Midwest LTC Pharmacy.
- You agree to assume the responsibility of tracking, ordering, and having prescription medications delivered to your community.
- You agree to incur the fee charged by your community each month for utilizing a non-preferred pharmacy.
- If a prescribed medication is not available for administration, I consent the community to order a 7-day supply from Midwest LTC Pharmacy at my cost while I arrange to have another provider deliver a full supply of the medication. The community is obligated by the State of Nebraska to administer medications as they are ordered and an excuse of “not available” is not permissible.

If you would like to use your community’s preferred provider, Midwest LTC Pharmacy, please disregard the signature block below. Sign below ONLY if you wish to use a pharmacy other than Midwest LTC Pharmacy.

---

Resident/Responsible Party

---

Date

---

Community Representative

---

Date