

Taking care of diabetes can be hard. It is important to take your medicines the way your doctor wants you to. This will help to keep you well and free from problems that diabetes can cause. Our staff know what you need and will work with you to help you take care of your diabetes.

How to reach us:

- Website: <https://www.umms.org/ummc/locations?q=pharmacy&view=list&st=Locations#search>
- Email: specialtyrx@umm.edu
- Pharmacy billing: 443-462-5944

| Pharmacy Name | Hours | Address | Phone (P) and Fax (F) Number |
|----------------------------|---|--|---|
| UMMC Pharmacy at Linthicum | Monday - Friday 9:00AM – 5:00PM | 920 Elkridge Landing Rd. First Floor Linthicum, MD 21090 | P: 410-328-6445 Toll free P: 855-547-4276 F: 410-684-3776 |
| UMMC Pharmacy at Midtown | Monday -Friday 8:30AM – 6:00PM | 821 N. Eutaw St. First Floor Baltimore, MD 21201 | P: 410-856-3650 F: 410-856-3854 |
| UMMC Pharmacy at Redwood | Monday - Friday 9:00AM – 5:00PM | 11 S. Paca St. First Floor Baltimore, MD 21201 | P: 410-328-5243 F: 410-328-2920 |
| UMMC Pharmacy at Weinberg | 24 hours/7 days a week (including holidays) | 22 S. Greene St. First Floor Baltimore, MD 21201 | P: 410-328-5233 Toll free P: 877-794-8662 F: 410-328-0666 |

Call us when you have questions or concerns:

- Use the phone number on your medicine bottle.
- After hours call our pharmacy day or night, 7 days a week.
- Call us with questions about your diabetic supplies:
 - Or the company that makes your supplies can be reached at the toll free number on the package.
- We help you if you have trouble hearing or you do not speak English.

If you need help right away:

- Call 911 if it is an emergency.
- Call (877) 794-8662 if you need to talk about your medicines or supplies any time during the day or night, 7 days a week.

What to Expect:

- You will be asked to sign an Assignment of Benefits (AOB) form for the products the provider wrote for you. It is signed and dated prior to or on the same day you receive the prescription.
- We want to make sure you have enough of your medicines and supplies to last.

- You will get all the information you need (warranty information) for supplies that are in their box.

We want to hear from you:

- Call us any time if you have concerns about your medicine or care.
 - Ask to speak to a supervisor.
- Use the link on your prescription receipt.
- Use survey box at the check-out.
- Email us at: specialtyrx@umm.edu.

When should I call the pharmacy?

Call us if you have:

- Not gotten your medicines in time.
- A mistake with your medication.
- Heard your medicine has been recalled.
- A change in your address, phone number, or insurance.
- Questions about your medicine.
- Questions about your care.
- A change in your medicine.
- Side effects.
- An emergency or natural disaster e.g. hurricane.

If you need to leave your home in an emergency be sure to:

- Take enough medicine to last.
- Take medical supplies with you.
- Bring a cooler with ice for medicines that need to be in the refrigerator.
- Call us when you can.
- Tell us how you are doing and how we can reach you.

Patient Rights & Responsibilities

You have the following rights:

- To get your care where you feel safe.
- To be treated with respect.
- To know the names and titles of those caring for you.
- To take part in planning your care.
- To understand your illness, your care, how you will benefit and any risks.
- To give us the ok to give your care.
- To say yes or no to research studies or to get out of a study at any time.
- To have your health information kept private.
- To tell us what you think and to tell us what we could do better.



- To receive care no matter what your race, sex, gender identity or expression, sexual orientation, financial means, education, religion, or the insurance you have.
- To have free help if you need sign language or do not speak English well.
- To see your health record.
- To understand your bill(s).
- To keep your health record safe.

Your responsibilities:

- Keep us up-to-date with all your information:
 - Your full name, address, telephone number
 - Date of birth
 - Insurance carrier
 - Employer
 - Your health and medical history
 - Social Security number
- Ask questions when you do not understand your care or how to care for yourself.
- Tell us if you do not think you can follow your care plan.
- Tell us how you are feeling, if you are having problems, pain, or other issues with your care or treatments.
- Show respect to our staff and the property.
- Show respect to other patients and their property.
- Be kind and thoughtful while you are with us.
- Follow the rules of our facility.
- Make all your appointments or cancel ahead of time if possible.

To see a complete list of Patient Rights & Responsibilities, please refer to:

- <https://www.umms.org/ummc/patients-visitors/for-patients/patient-rights-and-responsibilities>.

Medicare Supplier Standards:

The products and/or services provided to you by UMMC Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items:

I received instructions and understand that Medicare defines the _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

For CAPPED RENTAL ITEMS:



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- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary’s responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include: Hospital beds, wheel chairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

I select the: Purchase Option _____ Rental Option _____

Beneficiary Signature

Date

Equipment Warranty Information Form:

University of Maryland Outpatient Pharmacies honor all warranties expressed and implied under applicable State Law. University of Maryland Outpatient Pharmacies will notify all Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. University of Maryland Outpatient Pharmacies will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services covered under warranty. In addition, an owner’s manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I hereby acknowledge that I, _____ (patient name) received instruction and understand the warranty coverage on the product I received.