

Pharmacy Forms To Complete and Submit

Complete the following forms in your welcome packet, and return them to ACS as soon as possible. We have included a pre-paid envelope to assist you with this process.

1. ACS Service Agreement (REQUIRED)

- This form is required for our pharmacy to provide services to you. This form includes your authorization to provide drug and billing information for medical programs such as:
 - Medicare Part D, Medicaid, and Private insurance plans

2. Notice of Privacy Practices (REQUIRED)

- Under the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule, we are required to give you our “Notice of Privacy Practices” and to make a good faith effort to receive your signed **Acknowledgment of Receipt of Notice of Privacy Practices**.
- This notice describes how medical information about you may be used and/or disclosed and how you can get access to this information. Complete the bottom portion of the form.

3. Patient Medication Profile (REQUIRED)

- Provide ACS with a current list of all your drugs. This will allow ACS to screen for possible drug interactions and better assist you with any questions you may have about your drug therapy. **ACS will not automatically send you these drugs, without your consent.**

4. Patient Concern Form (OPTIONAL)

- Return only if you have any concerns about your service or therapy.

5. Patient Satisfaction Survey (OPTIONAL)

- ACS wants to provide the best service to our patients. Tell us how we are doing or how we can better serve you in the future.

If you have any questions or need some assistance on how to fill out a form, you can contact our customer service team at 877-985-6337 option #1.