

Dear Nursing Partner,

We value your contribution to the delivery of quality care to our patients. In an effort to enhance our processes, please see the below important notice. Agencies will be periodically monitored for compliance.

NEW AGREEMENT/BAA Signatures needed

InfuCare Rx and HomeCare Rx are requiring new agreements be signed in addition to Business Associate Agreements for each entity. Attached are the documents for your signature. Please note, you must initial where AGENCY is indicated on the bottom of each page of the Agreement in addition to signing page seven. No payments will be made beyond 1/15/19 in the absence of the valid, signed Agreements.

VERBAL NURSING LINE REPORT required within 24 hours of Infusion

877-822-9240

Follow the instructions at prompt. Info should include but is not limited to...

Pt Name

Pt DOB

Infusion Date

Length of Infusion (H/M)

Next Scheduled visit

Brief Summary of Infusion noting any issues, adverse reactions or improvement of symptoms

WRITTEN DOCUMENTATION REQUIREMENTS as of 1/15/19

Invoices, nursing notes and all required initial/subsequent clinical as well as patient paperwork should be received for processing at the Care Coordination office in Pottsville within 7 days of visit but no more than 14 days beyond the date of service.

Please also ensure notes are submitted on correct nursing visit sheets, include vial stickers, complete information and are invoiced to the correct pharmacy InfuCare/HomeCare

DOCUMENTATION RETURN

As of 2/1/19, the above items will only be accepted at/through the following methods/locations:

MAILING ADDRESS

must bill and indicate Company on **Address** as **either InfuCare/HomeCare** based on Patients Pharmacy

P.O. Box 676

Schuylkill Haven, PA. 17972

FAX

must indicate Company on **Cover Sheet** as **either InfuCare/HomeCare** based on Patients Pharmacy

866-320-7846

EMAIL

*must indicate Company in **Subject Line** as **either InfuCare/HomeCare** based on Patients Pharmacy*
nursing@infucarerx.com

We appreciate your continued support and care for our patients. Please do not hesitate to contact me with any questions.

Thank you,

Nicole Getz

Nursing Coordinator

ngetz@infucarerx.com

877-920-2090 ext: 5101

WELCOME

Our Goals:

- To meet all needs of patients requiring Specialty Infusion Services
- To provide "Patient Centric" Care which address's Clinical, Medical, Social and Emotional aspects of the infusion therapy
- To ensure open communication and ultimate satisfaction of our patients with their Care Team
- To maximize the patient experience in both quality of care and outcomes management
- To always strive to provide excellence in all that we do

Our Promise:

- We are committed to the best quality care and clinical protocols
- We will ensure you, as the patient, are involved in the development of your care plan
- We will improve continuously and grow our program to be the best available for all stakeholders
- We will always monitor and ensure appropriate utilization to optimize results
- We will respect your privacy, dignity, and choices throughout the delivery of care in your setting
- We will respond to any inquiry from you, your support group, and caregivers in a confidential, timely and professional manner.

If you have any questions regarding your care, do not hesitate to call InfuCare at the numbers below:

Business, Co-Pay, Coverage & Scheduling:	(877) 828-3940
Clinical/Pharmacy (24hours x7 days/week)	(877) 828-3941