Pharmacy Essentials
Right to Request Verbal Consultation on Prescriptions

We have provided written information about your medication including directions for use and storage, importance of compliance, precautions, warnings, and side effects. Read this information before you take the medication.

To request a verbal consultation, a pharmacist is available, toll-free, at (844) 388–7455, Mon through Fri from 9 am – 5 pm, or Sat from 9 am – 1 pm PST (Pacific Standard Time). On-call services are available after business hours.

Derecho a Solicitar Consulta Verbal Sobre Sus Prescripciones

Hemos dado información por escrito sobre sus medicamentos para incluir instrucciones de uso y almacenamiento, importancia del cumplimiento, precauciones, advertencias y efectos secundarios. Por favor lea esta información antes de tomar el medicamento.

Para solicitar una consulta verbal, un farmacéutico está disponible, sin cargo, al (844) 388–7455, de lunes a viernes de 9 am – 5 pm, o el sábado de 9 am – 1 pm PST (Hora Estándar del Pacífico). Servicios de llamada están disponibles después de horarios de trabajo.
What is your mission?

We are a team of pharmacists, healthcare professionals, and advocates for female health. We are on a mission to simplify the process of receiving birth control, from prescription to delivery. Please note that we do not fill prescriptions for controlled substances or other medication.

What are your hours of operation?

Business Hours in PST (Pacific Standard Time):
Mon through Fri - 9 am to 5 pm
Sat - 9 am to 1 pm

We are committed to working with you and your prescriber to help you receive quality care. Our pharmacy team is available during business hours to answer any questions or concerns you may have regarding your order, such as prescription status, medication questions, costs, copay status, suspected errors, or claims submissions. To prevent delays
with your order, please give us advance notice about changes to your insurance, address, or health.

If you have any questions about your medication, you may call (844) 388-7455 to speak with a pharmacist—24 hours a day, 7 days a week. During business hours, a pharmacist will have access to all pharmacy systems and can answer questions pertaining to your medication and/or side effects. After business hours, pharmacists are available for urgent medical questions about adverse reactions or immediate medication concerns. If you are experiencing a life-threatening emergency, please call 911 or go to your nearest emergency department.

**How do I order a new prescription from the pharmacy?**

During business hours, you may call or text us to place an order. We will work with your prescriber to obtain all necessary information. Your prescriber may call in, electronically prescribe, fax, or mail in a new valid prescription. If you have a written prescription, you may walk in to drop it off, or mail it to our pharmacy at 969 Industrial Rd., Suite G, San Carlos, CA 94070.

Your prescription may be filled with a generic equivalent substitution based on state law, equivalency rating, and in accordance with company policy. We will notify you when we have received your prescription and then coordinate with you and/or your insurance to process your prescription and determine your delivery schedule. Contact one of our pharmacists if you have questions or concerns.

Our pharmacy team will inform you of any issues that may delay fulfillment, such as prior authorizations or insurance restrictions. We will work with you and your prescriber to offer different options or quickly resolve prior authorizations. Please call us if you are concerned that your medication will not reach you in time, and we will determine the best way for you to get your prescribed medication.
How can I request a refill?

For your convenience, we will automatically deliver your birth control on a recurring basis without interruption. Our refill service can be cancelled at any time. We will inform you if your last birth control refill has been dispensed, or if your birth control prescription is about to expire, and then we will contact your current prescriber for refills. We will inform you if we receive more refills for you, or if our refill request has been denied. Since emergency contraception should not be used regularly as a primary form of birth control, this is not automatically refilled. Instead, emergency contraception refills can be included with your next birth control delivery and can be requested via text or phone.

We will schedule your birth control refill based on your insurance and before you should run out of medication. If you run out of medication or would like to order an early refill, please text or call us to request a refill. An automated refill option is available 24 hours a day/7 days a week by voicemail at (844) 388-7455. If you leave a voicemail, please include your first and last name, date of birth, callback number, and medication name. You may include any specific delivery instructions, or request that we contact you about your order. We will inform you if we are unable to fulfill a refill request. If your prescription has refills remaining, it can be transferred to another pharmacy based on state laws.

What if the pharmacy is out-of-network with my insurance?

We will notify you if your insurance is out-of-network. We can offer alternative solutions to help determine the best plan on how to receive your prescribed medication. An explanation of the medication cost can be provided if requested.

How can I pay for my prescription order?

The pharmacy accepts all major credit cards, debit cards, or cash. Payment cards are charged through the
secure software platform, Stripe. If you would like to mail payment, please coordinate with the pharmacy. Do not mail cash.

How much will my prescription cost?

Prescription cost will vary depending on your insurance. As drug pricing can change daily, a final determination of your copay cost cannot be made until your claim is processed. You may also call the member services phone number on your prescription insurance card to get the most current information. If you do not have prescription insurance, our patient care coordinators will provide a price quote for your medication. If you are unable to afford the out-of-pocket cost for your prescription, we will work to identify if copay assistance is available for your medication.

How long does it take to receive my prescription?

After you receive a tracking link, USPS (United States Postal Service) should deliver your prescription within 3 to 5 business days. Please note: Our standard processing time for an order is 1 to 2 business days after being received in our pharmacy. If processing time is delayed by more than 24 hours, we will notify you of options to prevent missing your next medication dose.

If you need to start your birth control within 5 business days, you may request the order to be expedited. If you must start immediately, ask your nearby pharmacy to call our pharmacists at (844) 388-7455 to transfer your medication locally. The prescription can then be transferred back to our pharmacy for the next refill.

Medication delivery is a complimentary service at no additional charge to you, and priority mail is available to expedite shipping time. By default,
signatures are not required at the time of delivery (to prevent any delivery delays), but a delivery signature requirement can be requested. We will coordinate with you to mail your medication, and we will update you with a tracking link.

Can I return my medication?

Prescription medication cannot be returned to the pharmacy unless directed otherwise. If you suspect your medication has been tampered with, please text 44872 or call us at (844) 388-7455 to speak with a pharmacist.

How can I safely dispose of my medication?

For directions on how to safely dispose of your unused birth control, visit tinyurl.com/fda-toss, or find a local safe drug disposal site here: tinyurl.com/toss-meds.

When should I contact the pharmacy?

- You would like to transfer your prescription.
- Your address, telephone number, or insurance information has changed.
- You have questions regarding your prescription status.
- You have concerns about how to take your medication.
- You would like additional information about birth control, safe sex, pregnancy prevention, copay assistance, and support groups.
- You suspect an error has occurred with shipping or dispensing your prescription.
- You would like medication access options during an emergency or disaster.
- You suspect your medication has been recalled.
What if there is a disaster or emergency?

The pharmacy has a plan for continuing to provide pregnancy prevention services if a disaster affects our facility. Disasters include fire, chemical spills, major weather events, natural disasters, and evacuations. If there is a threat of disaster to your area, call us at (844) 388-7455 or text us at 44872 if you need a refill of your medication within 48 hours. We will use every resource available to coordinate access to your prescribed medication or other pregnancy prevention options. If we cannot meet your needs, please use your local rescue or medical facility for care.

What if there is a drug recall?

The pharmacy follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. The pharmacy will contact you and your prescriber in the event of an FDA Class I recall.

For lesser recalls, we will contact your prescriber or your health plan.

What if I have a complaint or concern?

You have a right and responsibility to inform us of concerns, dissatisfaction, or complaints about the services you did or did not receive without fear of retaliation or interruption of services. If you have a complaint, call us at (844) 388-7455. If needed, you may contact the CA State Board of Pharmacy or our accreditation organizations.

**URAC Complaint Information**
urac.org/file-a-complaint
(202) 216-9010

**CA State Board of Pharmacy Complaint Information**
pharmacy.ca.gov/consumers/complaint_info.shtml
1625 North Market Blvd., Suite N219
Sacramento, CA 95834
(916) 574-7900
Complaints for Maine Residents

Complaints against a mail-order pharmacy may be filed with the

**Complaint Coordinator**
Office of Professional and Occupational Regulation
35 State House Station, Augusta, ME 04333
(207) 624-8603
maine.gov/pfr/professionallicensing/contact_us.html

Complaints for Texas Residents

Complaints against the practice of pharmacy may be filed with the

**Texas State Board of Pharmacy**
333 Guadalupe, Suite 3-600, Austin, TX 78701
(512) 305-8000
pharmacy.texas.gov
To receive a complaint form, call (800) 821-3205 or in Austin, (512) 305-8080 (recorded information only)

How can I contact you?

Please call (844) 388-7455 or text us at 44872 if you have any questions or concerns regarding order status, copay amount, claims submissions, or benefit coverage. If you are experiencing a life-threatening emergency, please call 911 or go to your nearest emergency department.

**MobiMeds, Inc. d/b/a The Pill Club**
969 Industrial Rd., Suite G
San Carlos, CA 94070
Phone: (844) 388-7455
Text: 44872
Fax: (888) 873-6994
Healthcare customers have a right to be notified in writing of their rights and obligations before care/service begins. Healthcare providers have an obligation to protect and promote the rights of their customers to care, treatment, and services within their capability and mission, and in compliance with applicable laws, regulations, and standards, including the following rights.

You have the right to:

1. Be fully informed in advance of services being provided.

2. Have personal information shared with The Pill Club only, in accordance with state and federal law.

3. Identify employees by name and job title, and to speak with a staff member’s supervisor if requested.

4. Speak to a health professional.

5. Choose a healthcare provider.
6. Decline participation, revoke consent, or disenroll at any point in time.

7. Be treated with dignity, courtesy, and respect as a unique individual.

8. Receive information about the scope of services provided by MobiMeds, Inc. d/b/a The Pill Club, and any limitations to the company's service capabilities.

9. Receive upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, monograph, etc.) including the level of evidence, or consensus describing the process for intervention when there is conflicting or no evidence-based research.

10. Coordination and continuity of services from The Pill Club, and timely response when services are requested.

11. Receive information regarding your order status by calling (844) 388-7455 to speak with an employee.

12. Have concerns/complaints/dissatisfaction about services that are (or fail to be) timely furnished.

13. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.

14. Receive quality medication and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status, or disability in accordance with physician orders.

15. Receive medication and services from qualified personnel and receive instructions and education on safely handling and taking medication.

16. Be fully informed of your responsibilities.

17. If desired, to be referred back to your prescriber for follow-up, or other health care providers in an external health care system.
18. Participate in decisions concerning any technical procedure to be performed and who will perform it, the possible alternatives or risks involved, and your right to refuse all or part of the services, while being informed of expected consequences.

19. Be informed of any pharmacy financial relationships.

20. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company’s policies and procedures.

21. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).

22. Participate in the development and periodic revision of the plan of care/service.

23. Receive information in a manner, format, and/or language that you understand.

24. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.

25. Express dissatisfaction/concerns/complaints for lack of respect, treatment, or service, and suggest changes in policy, staff, or services without discrimination, restraint, reprisal, coercion, or unreasonable service interruption. Call (844) 388-7455, Mon through Fri from 9 am to 5 pm, and Sat from 9 am to 1 pm PST (Pacific Standard Time) to speak with a pharmacist or pharmacy manager.

26. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

27. Be advised of the pharmacy number (844) 388-7455 for after hours and for business hours. Our business hours are Mon through Fri from 9 am to 5 pm, and Sat from 9 am to 1 pm PST (Pacific Standard Time).
28. Be offered assistance with any eligible programs, such as health plan programs (tobacco cessation, disease management, pain management, suicide prevention/behavioral health programs) and manufacturer copay and patient assistance programs.

29. Be advised of any change in the plan of service before the change is made.

You have the responsibility to:

1. Adhere to the plan of treatment or service established by your prescriber.

2. Adhere to The Pill Club’s policies and procedures.

3. Participate in the development of an effective care plan.

4. Submit any forms necessary to receive services.

5. Ask questions about your medication and/or services.

6. Provide, to the best of your knowledge, accurate and complete personal and medical information necessary to plan and provide care/services. Notify the pharmacy of any information changes. This information includes, but is not limited to, current prescription drugs, over-the-counter medication, dietary supplements, and insurance coverage.

7. Communicate any information, concerns, and/or questions related to perceived risks in your services, and unexpected changes in your condition.

8. Provide a safe environment for the organization’s representatives to provide services.

9. Have clarified any instructions that were provided.

10. Communicate any concerns on ability to follow instructions provided.

11. Be available to receive medication deliveries and coordinate with us during times you will be unavailable.
12. Promptly settle unpaid balances except where contrary to federal or state law.

13. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, sexual orientation, or national or ethnic origin.

14. Use medication according to provided instructions, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.

15. Notify pharmacy of change in prescription or insurance coverage.

16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.

Customer information

After-hours services

The pharmacy’s normal business phone number, (844) 388-7455, will direct you to a live operator for after-hours emergency questions or situations.

A pharmacist will return your call 24 hours a day/7 days a week. You may leave a message for non-urgent matters or refill requests at the normal business number, (844) 388-7455, at any time by following designated prompts.

Complaint procedure

You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. Call the company corporate office at (844) 388-7455 and ask to speak with the pharmacy manager during regular business hours, or the company representative if you are calling outside of regular business hours, including weekends and holidays.

The formal grievance procedure of the pharmacy ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances.
within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.

If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than The Pill Club staff, please file a complaint with the CA Department of Health complaints division. Hours of operation are Mon through Fri, 8 am to 5 pm PST (Pacific Standard Time), excluding holidays. The telephone number is (916) 558-1784, or you can email your complaint through the website cdph.ca.gov. Inquiries or complaints can also be mailed to 969 Industrial Rd., Suite G, San Carlos, CA 94070.
Our staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Patient Rights and Obligations, you have the right to be given appropriate and professional quality services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained, or discriminated against.

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either text us at 44872 or call us at (844) 388-7455, Mon through Fri from 9 am to 5 pm, and Sat from 9 am to 1 pm PST (Pacific Standard Time), or complete this form.

Within 5 business days of receiving your concern, we will notify the beneficiary (by using telephone, email, or letter format) that the matter is under investigation. Within 10 business days, the organization will provide notification to the beneficiary with the results of its investigation and response.

Mail form to:

MobiMeds, Inc. d/b/a The Pill Club
Attn: Pharmacy Manager
969 Industrial Rd., Suite G
San Carlos, CA 94070

Thank you for bringing your concern to our attention. It will assist us in improving the quality of our services.

Full Name ..................................................................................................

Date of Birth ................................................. Phone # ...........................................

Description of the problem/concern/complaint (include dates, times, and names, if possible)
.......................................................................................................................
.......................................................................................................................
.......................................................................................................................
.......................................................................................................................
.......................................................................................................................

Sign ......................................................... Date ..................................