THE PILL CLUB’S
PHARMACY ESSENTIALS
RIGHT TO REQUEST VERBAL CONSULTATION ON PRESCRIPTIONS

We have provided written information about your medication to include directions for use and storage, importance of compliance, precautions, warnings, and side effects. To request a verbal consultation, a pharmacist is available, toll-free, at (844) 388-7455, Monday through Friday from 9:00 am to 5:00 pm, or Saturday from 9:00 am to 1:00 pm PST (Pacific Standard Time). After business hours, please use (650) 562-7271.
Frequently Asked Questions
FAQ

WHAT IS THE PILL CLUB’S 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 THE PILL CLUB’S HOURS OF OPERATION?

Business Hours in PST (Pacific Standard Time):
Monday through Friday - 9:00 am to 5:00 pm
Saturday - 9:00 am to 1:00 pm

The Pill Club is 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 The Pill Club advance notice about changes to your insurance, address, or health.
FAQ

If you have any questions about your medication, you may call (650) 562-7271 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.
FAQ

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. The Pill Club 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 MEDICATION 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 requested via text or phone call to be included with your next birth control delivery.

The Pill Club 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 to (650) 562-7271. 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 The Pill Club to contact you about your order. We will inform you if The Pill Club is unable to fulfill a refill request. If your prescription has refills remaining, it can be transferred to another pharmacy based on state laws.
FAQ

HOW MUCH WILL MY PRESCRIPTION COST?

Prescription cost will vary depending on your insurance. Since 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, The Pill Club will work to identify if copay assistance is available for your medication.

WHAT IF THE PILL CLUB IS OUT-OF-NETWORK WITH MY INSURANCE?

The Pill Club 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.
FAQ

HOW CAN I PAY FOR MY PRESCRIPTION ORDER?

The Pill Club 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 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: The Pill Club’s 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, please ask your nearby pharmacy to call our pharmacists at (650) 562-7271 to transfer your medication locally. The prescription can then be transferred back to The Pill Club 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 or call The Pill Club at (650) 562-7271 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, please visit tinyurl.com/fda-toss, or find a local safe drug disposal site here: tinyurl.com/toss-meds.
FAQ

WHEN SHOULD I CONTACT THE PHARMACY?

• 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 suspect your medication has been recalled.

• You would like to transfer your prescription.

• You would like medication access options during an emergency or disaster.
**FAQ**

**WHAT IF THERE IS A DISASTER OR EMERGENCY?**

The Pill Club 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, contact us at (650) 562-7271 if you need a refill of your medication within 48 hours. The Pill Club 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 DO I DO IF THERE IS A DRUG RECALL?**

The Pill Club follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. The Pill Club will contact you and your prescriber in the event of an FDA Class I recall. For lesser recalls, The Pill Club will contact your prescriber or your health plan.
FAQ

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.

ACHC Complaint Information
Website: achc.org/contact/complaint-policy-process
Phone Number: (855) 937-2242

URAC Complaint Information
Website: urac.org/file-a-complaint
General Phone Number: (202) 216-9010

CA State Board of Pharmacy Complaint Information
Website: pharmacy.ca.gov/consumers/complaint_info.shtml
Address: 1625 North Market Blvd., Suite N219
Sacramento, CA 95834
General Phone Number: (916) 574-7900
FAQ

HOW CAN I CONTACT YOU?

Please call or text us at (844) 388-7455 if you have any questions or concerns regarding order status, copay amount, claims submissions, or benefit coverage. If you experience any adverse effects to the medication you were given, please contact your prescriber or one of our pharmacists at (650) 562-7271.

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

Main Phone: call (844) 388-7455 or text 44872
Fax: (888) 873-6994
Patient Bill of Rights and Responsibilities
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.

**PATIENTS 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. Decline participation, revoke consent, or disenroll at any point in time.

6. Be treated with dignity, courtesy, and respect as a unique individual.
7. Choose a healthcare provider.

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 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.

12. Have concerns/complaints/dissatisfaction about services that are (or fail to be) timely furnished.
13. Receive information regarding your order status by calling (844) 388-7455 to speak with an employee.

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. 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.

17. Be informed of any pharmacy financial relationships.

18. 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.
19. 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).

20. 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, Monday through Friday from 9:00 am to 5:00 pm, and Saturday from 9:00 am to 1:00 pm PST (Pacific Standard Time) to speak with a pharmacist or pharmacy manager.

21. 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.

22. If desired, to be referred back to your prescriber for follow-up, or other health care providers in an external health care system.

23. Be fully informed of your responsibilities.
24. Participate in the development and periodic revision of the plan of care/service.

25. Be offered assistance with any eligible programs, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).

26. Be advised of the pharmacy number (650) 562-7271 for after hours and for business hours. The Pill Club’s business hours are Monday through Friday from 9:00 am to 5:00 pm, and Saturday from 9:00 am to 1:00 pm PST (Pacific Standard Time).

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

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

29. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
BILL OF RIGHTS AND RESPONSIBILITIES

PATIENTS 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. Submit any forms necessary to receive services.

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

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

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

7. Have clarified any instructions that were provided.

8. Communicate any information, concerns, and/or questions related to perceived risks in your services, and unexpected changes in your condition.
BILL OF RIGHTS AND RESPONSIBILITIES

9. Be available to receive medication deliveries and coordinate with The Pill Club during times you will be unavailable.

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

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

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

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

14. Promptly settle unpaid balances except where contrary to federal or state law.

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 Pill Club’s normal business number (650) 562-7271 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 (650) 562-7271 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 (650) 562-7271 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 Pill Club 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. The hours of operation are Monday through Friday, 8:00 am to 5:00 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.
The Pill Club’s staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Patient Bill of Rights and Responsibilities, 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, Monday through Friday from 9:00 am to 1:00 pm, and Saturday from 9:00 am to 1:00 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 Number .......................

Description of the problem/concern/complaint
(include dates, times, and names, if possible)
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Sign ........................................................ Date ............................
BUSINESS HOURS
MON - FRI, 9:00 am to 5:00 pm PST (Pacific Standard Time)
Text 44872 | Phone (844) 388-7455