WB RX EXPRESS
FOCUSED ON YOUR HEALTH SINCE 1899

Welcome to WB Rx Express

As part of your pharmacy benefits, we're here to ensure access to medications is smooth and stress-free. We are dedicated to exceeding your expectations and providing the care you deserve.

WB RX Express Provides

Personalized Care:

You have 1:1 direct access to our pharmacists who will tailor a program just for you.

Clear Guidance:

We help you understand and follow your prescriptions every step of the way.

Cost Savings

Our team works to find discounts and financial solutions so you can afford the care you need.

Convenience:

Free home delivery and reminders for refills.

24/7 Support:

Clinically-trained staff can be reached anytime you need.

Specialty Liaisons:

Dedicated team to help coordinate your specialty care.

Please contact us with any questions or concerns about your specialty medication.

We look forward to providing you with exceptional care.

Phone: 833-391-0126

Fax: 855-899-3925

Email: specialtypharmacy@wbhcp.com

Williams Bros. Rx Express Hours:

Monday - Friday from 8:00am to 8:00pm ET.

Your Benefits and Specialty Medication Service

Expert Care is Always Available

Connect with our certified specialty clinicians for medication questions, allergy concerns, and 24/7 urgent after-hours support.

Our specialized team is ready and available to help with order tracking, delivery rescheduling, address updates, and insurance or billing changes.

You Are Enrolled in a Customized Patient Management Program.

Certified Specialty Pharmacists provide you with continuous clinical evaluation, health monitoring, education, and medication management.

We work better together. For the best results, please take medications as prescribed. Consultations with a pharmacist do not replace appointments with your provider.

Filling a Prescription is Convenient and Simple.

Prescriptions can be sent electronically by your physician or prior pharmacy.

You will be contacted 10-14 business days before your refill date or you can call to request a refill.

Sustainable Cold Shipping

Our eco-friendly gel packs keep your medications cold during transit and are safe for the environment. For easy disposal, you can safely pour the gel down any standard household drain.

ADDITIONAL INFORMATION

***Hassle -Free Transfers*:** Your health comes first. If we cannot supply your medication, we will safely transfer your prescription to an alternative pharmacy of your choosing.

Medication Recalls: We will contact you with instructions if your medication is recalled.

Medication Policy: We may substitute brand-name drugs with FDA-approved generic alternatives to maximize your cost savings or comply with insurance formulary requirements.

Safe Sharps Disposal: If you take injectable medications, please place all used syringes, needles, and sharp objects directly into the sharps container provided by our pharmacy.

Proper Disposal of Unused Medications: Check with your local waste collection service for disposal instructions. Visit the FDA's website for more information:

https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines

FINANCIAL ASSISTANCE PROGRAMS

The following foundations are examples of available financial assistance programs. Please contact us if you would like more information about your specialty medication.

- ***The Assistance Fund*:** www.theassistancefund.org
- ***HealthWell Foundation*:** www.healthwellfoundation.org
- ***PAN Foundation*:** www.panfoundation.org
- ***Patient Services, Inc.*:** www.patientservicesinc.org
- ***Patient Advocate Foundation Co-Pay Relief*:** www.copays.org
- ***Partnership for Prescription Assistance*:** www.pparx.org
- ***Safety Net Foundation*:** www.safetynetfoundation.com

CLIENT/PATIENT COMMUNICATION FORM

At Williams Bros. Rx Express, we strive to provide the highest quality in health care services for our patients. That's why your concerns are our concerns. This completed form will be sent directly to the facility manager, who will promptly review your concern and will make verbal or written communications with you within five calendar days within receipt.

If you have a concern regarding fraud and abuse or any treatment or services provided by our organization, regional and national hotline numbers are provided on the last page of this document.

Your Name	Date of Form Completion
Name of Affected Patient	Phone Number
Address	
City, State, and Zip Code	
Health Insurance Claim Number, if applicable	Initial Date of Concern
Signature	Date

Your Name	
Signature	Date

When mailing this form, please use:

Williams Bros. Rx Express
1998 State St.
Washington, IN 47501

PATIENT RIGHTS

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI]
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records



Your rights matter.

We prioritize clear and compassionate communication in every step of your care, ensuring that you receive the respect and attention you deserve.

- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation, or withdraw, at any point in time



YOUR RESPONSIBILITIES ARE VITAL FOR ACCURATE AND EFFECTIVE CARE

As our patient, we ask the following:

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information. Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program.
- Submit forms that are necessary to receive services and maintain any equipment provided. Notify the organization of any concerns about the care or services provided.

Current contact and insurance information ensures smooth communication and access to uninterrupted, necessary care.

CONCERNS OR COMPLAINTS

Please contact Williams Bros. Pharmacy as soon as possible to report medication issues such as adverse effects or suspected errors.

Please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review, you may contact the following organizations. We will not retaliate against you for filing a complaint.

- URAC: Email grievances@urac.org or website https://urac.i-sight/external/capture
- Williams Bros. Privacy Officer at 812-254-2497
- U.S. Department of Health and Human Services at 877-696-6775
- State Board of Pharmacy (see table)

STATE BOARD OF PHARMACY	PHONE NUMBER	STATE BOARD OF PHARMACY	PHONE NUMBER
Indiana	800-457-8283	Montana	406-841-2357
Alabama	205-981-2280	Nebraska	402-471-2115
Alaska	907-465-2550	Nevada	800-364-2081
Arizona	602-771-2727	New Hampshire	603-271-2152
Arkansas	501-682-0190	New Jersey	800-242-5846
California	916-518-3100	New Mexico	800-565-9102
Colorado	303-894-7800	New York	518-474-3817
Connecticut	860-713-6070	North Carolina	919-246-1050
Delaware	302-744-4500	North Dakota	701-877-2404
District of Columbia	202-724-8800	Ohio	614-466-4143
Florida	850-488-0595	Oklahoma	405-521-3815
Georgia	404-651-8000	Oregon	971-673-0001
Hawaii	808-586-2727	Pennsylvania	717-783-7156
Idaho	208-334-3233	Rhode Island	401-222-5960
Illinois	800-560-6420	South Carolina	803-896-4700
Iowa	515-281-5944	South Dakota	605-773-3361
Kansas	888-792-6273	Tennessee	615-253-1299
Kentucky	502-564-7910	Texas	512-305-8000
Louisiana	225-925-6496	Utah	866-275-3675
Maine	207-624-8686	Vermont	802-828-2373
Maryland	410-764-4755	Virginia	804-367-4456
Michigan	517-241-0199	Washington	800-525-0127
Minnesota	651-201-2825	West Virginia	304-558-0558
Wisconsin	608-266-2112	Wyoming	307-634-9636