



Timely Meds Patient Interest Form

Timely Meds is the new pre-dosed pill pack designed especially for you. Organized by day and time, it's a convenient reminder to take your meds – filled by a licensed pharmacist who knows your specific medication needs. Timely Meds is designed for customers that take five medications or more, or manage multiple medications for others.

Available in four, 7-day personalized packs. Each pack contains all your medications for each day, time of day, and every week for four weeks. Each pack will have a 60 day expiration date. There is no additional charge for

Timely Meds, just the cost of your medications that you normally pay.

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____ Work: _____

Which store would you like to pick up your medications from each month? _____

Which phone number would you like us to call for your monthly check in? Home Mobile Work

What's the name of the person who should be contacted for the monthly check in? _____

Insurance Name: _____ ID: _____

Group: _____ Bin: _____ PCN: _____ Person Code: _____

| Medication Name (Rx or Over the Counter) | Directions | When do you typically take this medication? | | Prescriber | Pharmacy Last Filled At | Pharmacy Phone Number |
|---|------------|---|--------------------------------|------------|-------------------------|-----------------------|
| | | <input type="checkbox"/> Morning | <input type="checkbox"/> Noon | | | |
| | | <input type="checkbox"/> Evening | <input type="checkbox"/> Night | | | |
| | | <input type="checkbox"/> Morning | <input type="checkbox"/> Noon | | | |
| | | <input type="checkbox"/> Evening | <input type="checkbox"/> Night | | | |
| | | <input type="checkbox"/> Morning | <input type="checkbox"/> Noon | | | |
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| | | <input type="checkbox"/> Morning | <input type="checkbox"/> Noon | | | |
| | | <input type="checkbox"/> Evening | <input type="checkbox"/> Night | | | |

Upon enrollment you will receive a phone call from our pharmacy representative to review your current medications prior to filling your personalized pack. All medications will require a valid prescription from your doctor. You can also have your over the counter medications included in your Timely Meds. At times there may be some medications that we cannot package due to safety concerns. Every 28 days you will also receive a phone call from our pharmacy to review your medications and get any updates that have occurred since the previous fill. We cannot fill your Timely Meds personalized pack without your confirmation for each fill. This is important because once we've packaged your Timely Meds pack we are no longer able to make changes.

I understand that my insurance may pay for more than a 28-day supply but I am requesting that my prescriptions be filled in a 28-day supply.

Patient Signature: _____

Date: _____

Printed Name: _____