

PROVIDER LABEL

MEDICAL PROVIDER COMPONENT FOR REFERENCE YEAR 2005

CONTACT GUIDE FOR PHARMACIES

1. ASK IF NOT OBVIOUS: Have I reached (PHARMACY)?

- CORRECT PHARMACY -> VERIFY ADDRESS AND THEN CONTINUE WITH 2
PROBLEM WITH PHARMACY -> RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR

Two horizontal lines for recording information.

2. May I please speak to the pharmacist?

- PHARMACIST AVAILABLE -> CONTINUE WITH 3
PHARMACIST NOT AVAILABLE -> END CONTACT

3. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. [NUMBER] of your patients identified (PHARMACY) as a place where they received prescribed medicines during 2005. We would like to send you a copy of the authorization forms they signed allowing us to contact you for information about their prescriptions. We ask that you provide a Patient Profile or other printout for all prescriptions filled or refilled for these patients during 2005. We ask that the printout include the NDC, date filled or refilled, quantity dispensed with dosage form, the amount paid by the patient and the amount paid by any third party payers. We would appreciate it if you could also include the types of the third parties.

May I FAX the authorization forms to you? (IF NOT: May I mail the forms to you?)

PHARMACY CAN PROVIDE INFORMATION:

- CAN PROVIDE INFORMATION BEFORE RECEIVING AUTHORIZATION FORM(S) (4)
FAX AUTHORIZATION FORM(S) BEFORE SEND/COLLECTING INFORMATION (5)
MAIL AUTHORIZATION FORM(S) BEFORE SEND/COLLECTING INFORMATION (6)

PHARMACY CANNOT PROVIDE INFORMATION:

- NEED TO CONTACT CORPORATE OFFICE FOR AUTHORIZATION (11)
THIS TYPE OF INFORMATION IS NOT AVAILABLE (RECORD VERBATIM) (11)

4. [PHARMACY WILL PROVIDE ALL DATA NOW. WHEN INFORMATION COLLECTED FOR ALL PATIENTS SAY:] Thank you very much for your time and help with this study. We will FAX you a copy of the authorization forms for your files.

HAS FAX 1 (5)
DOES NOT HAVE FAX OR PREFERS MAIL..... 2 (6)

5. What is your FAX number?

FAX NUMBER: (_____) _____

5a. And what name and title should I put on the FAX cover page?

NAME: _____

TITLE: _____

DEPARTMENT: _____

PHARMACY: _____

GO TO 7

6. Let me verify that I have the correct mailing address:

PHARMACY NAME: _____

DEPARTMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (_____) _____ EXT: _____

6a. And to whom should this be addressed?

NAME: _____

TITLE: _____

7. CODE ONE:

DATA FORM COMPLETE, NEED TO SEND AUTHORIZATION FORM(S)	1	(8)
FAX AUTHORIZATION FORM(S) BEFORE COLLECTING DATA	2	(9)
MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING DATA.....	3	(9)
FAX AUTHORIZATION FORM(S) AND PHARMACY WILL SEND DATA.....	4	(10)
MAIL AUTHORIZATION FORM(S) AND PHARMACY WILL SEND DATA.....	5	(10)

8. We will be sending you the authorization forms today. [END CONTACT]

9. We will call you back shortly to collect the information.

What would be the best day and time to call?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

[END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT ON CONTACT PERSON
CALL RECORD.]

10. After you receive the authorization forms, we hope you will complete the request and send it to our office within two weeks. Our fax and address are included in the materials I'm sending. [END CONTACT].

11. We will need to get in touch with the person or office that can provide the information we need. What is the name of the person and/or office that we should contact and their telephone number?

PERSON'S NAME: _____

TITLE: _____

NAME OF DEPARTMENT/OFFICE: _____

TELEPHONE (_____) _____ EXT: _____

12. Thank you very much for your help. [END CONTACT AND SEE A TASK COORDINATOR BEFORE MAKING NEXT CONTACT.]