Optum Frontier Therapies™

Welcome to Optum Frontier Therapies

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This packet has information about our pharmacy.

We're here to help

Optum® Frontier Therapies fills prescriptions for rare diseases, cell therapy or gene therapy. We also provide resources and support to help you with your condition and treatment.

We offer:

24/7 access to pharmacists if you have urgent concerns about your medication

A clinical care team that can answer questions about your medication – how to take it, how it works and how to deal with side effects

One-on-one support through pharmacist consults

Supplies you may need to take your medication

Proactive refill reminders

Timely delivery and shipping in confidential packaging

Questions?

Call us at the phone number on your prescription label or at **1-855-768-9727** anytime you have questions about:

- Your medication, side effects, treatment, order status or delays
- Insurance coverage details, network status or out-of-pocket costs

What you need to know about your medications

How to order a refill

Our job is to make sure you feel ready and comfortable with your medication. We work with you to schedule your next medication order.

You will hear from us five to seven days before you need a new order. You can also call us to place an order. Just call the number on your prescription label or call **1-855-768-9727.**

We offer pharmacy services to all 50 states. Your order may be processed at any of our locations. If you have questions, please contact us.

Shipment and tracking

We ship all medications using trusted commercial shippers. We use temperature-controlled packaging when needed, so your prescription always stays at a safe temperature.

Most shipments are scheduled for delivery Tuesday through Friday. Saturday delivery may be an option where available.

If you need your medication delivered to a different address (like a vacation home, your office, or a doctor's office), tell your care ambassador.

You can track your prescription order by calling **1-855-768-9727.**

When to contact Optum Frontier Therapies

Contact us right away if:

- You do not receive your shipment on the expected date
- Your package is damaged
- You suspect a medication error
- You have a concern about medication quality

Medication recalls

Sometimes a drug manufacturer may recall (remove) a medication from the market. This is rare. If a recall requires you or your doctor to take action, we will contact you and let you know what to do.

If you have concerns about a medication recall and you did not hear from us, please call **1-855-768-9727.**

Medications available through Optum Frontier Therapies

Optum Frontier Therapies only fills prescriptions for rare disease, cell and gene therapies. You can fill other prescriptions at a local retail pharmacy or through your home delivery pharmacy where available.

We may not be able to fill all prescriptions for rare disease, cell and gene therapies. If you have a prescription we can't fill, we will connect you and your doctor with a pharmacy that can.

Financial help

There may be programs to help with the cost of your medication.

Call **1-855-768-9727** for more information.

How to transfer a prescription to Optum Frontier Therapies

Simply call us and provide:

- The name of the medication to transfer
- Your previous pharmacy
- Your doctor's contact information

We'll take care of the rest.

Tip: Have your prescription label nearby.

To transfer a prescription from Optum Frontier Therapies to another pharmacy, give the details from your prescription label to the new pharmacy. Pharmacists can make the switch.

Medication safety guide

Safe needle and syringe disposal

We provide Sharps® containers for your used needles, syringes and injection devices. If you need a new Sharps container, you can ask your care ambassador for one when you schedule your shipment.

The Environmental Protection Agency (EPA) has several tips to keep your community safe from needles. You should **never:**

- Throw loose needles in the trash
- Flush used needles down the toilet
- Place needles in recycling containers

Your area may have different ways to dispose of needles. If you are not sure what the rules are in your area, check:

- Your local city, county or waste company website
- **SafeNeedleDisposal.org**

Safe needle and syringe disposal

To dispose of unused or unneeded medication, we recommend you contact your city or county government trash and recycling services.

The following also may be useful:

- Food and Drug Administration (FDA): **www.fda.gov/Drugs/ResourcesForYou/Consumers**
- Drug Enforcement Agency: **deadiversion.usdoj.gov**

Infection prevention tips

Some medications may increase your risk of infection. Ask your pharmacist or doctor if your medication increases this risk.

Here are some tips to prevent infection and stay healthy:

- Wash your hands often. Soap and water is best, but you can also use hand sanitizer.
- Stay away from large crowds and others who are sick.
- Cover your nose and mouth if you cough or sneeze.

Emergency and disaster readiness

What if you can't take your medication with you in an emergency such as a natural disaster? We have locations across the United States to help you get your medication in one of two ways:

- We'll ship an emergency supply of your medication to a temporary address.
- Or we'll update the address for a recently placed order.

If we cannot ship to you, we will also help you get a supply of your medication from a different pharmacy. Just have the pharmacist call us at **1-855-768-9727.**

Where to go for more support

Other ways to get support

Optum Frontier Therapies offers one-on-one consultations with a pharmacist who can:

- Answer questions about how to take your medication or teach you how to inject it
- Give your caregivers more information about your treatment and care
- Recommend ways to help you manage any medication side effects
- Help you “unbox” your medication shipment and understand the items inside

Schedule a session with us by calling **1-855-768-9727.**

What to do in a medical emergency

What to do in a medical emergency

Call **911** or seek emergency medical help immediately if you have trouble breathing or if your lips, tongue or throat swells quickly.

Contact your pharmacist or your doctor if you:

- Take your medication incorrectly
- Miss a dose or treatment of your medication
- Have symptoms and side effects that continue or get worse, or if self-care tips don't relieve them
- Have a temperature greater than 100 F, especially if you are taking medication that increases your risk of infection

What you need to know

Patient rights and responsibilities

As a patient who uses Optum Frontier Therapies, you have the right to:

- Be given appropriate and professional quality pharmacy services without discrimination against your race, creed, color, national origin, religion, gender, sexual orientation, handicap or age
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Speak with a pharmacist about any questions or concerns about your medication
- Speak with a clinician for emergencies 24 hours a day, 7 days per week, including holidays
- Be given information by the pharmacy so you are fully informed of all your rights and responsibilities
- Receive professional, honest and ethical care in accordance with physician orders
- Be fully informed of the pharmacy's services and the fees for those services
- Participate in the development of your plan of care and be advised of any change in the plan of care or services provided prior to the change being made
- Be given complete and current information concerning your diagnosis, treatment, risks and anticipated outcomes in order to give informed consent prior to the start of any treatment, including your right to accept or refuse service
- Refuse treatment within the confines of the law and to be informed of the consequences of refusing treatment
- Be ensured all medical, social and financial records and documentation will be treated with privacy and confidentiality

Patient rights and responsibilities (continued)

- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Receive services from personnel who are qualified including a registered pharmacist, nurse or pharmacy technician
- Voice grievances or file a complaint to pharmacy management without fear of discrimination or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Receive a copy of the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) Supplier Standards
- Be informed of what to do and resources available in the event of an emergency
- Be assisted and receive special consideration for language barriers to achieve proper understanding of services provided (e.g., non-English-speaking clients have the right to an interpreter, and deaf, blind or illiterate clients have the right to appropriate materials and interpretation for effective communication)
- Be informed within a reasonable amount of time of anticipated termination of service or plans for transfer to another pharmacy provider
- Be informed of any financial benefits when referred to an organization or another pharmacy provider
- Receive a timely response from pharmacy staff upon your physician's request for service
- Be informed of insurance network status, limitations of services and care provided by the pharmacy
- Choose a health care provider, including choosing an attending physician, if applicable

- Receive information about the clinical management program
- Decline participation in the clinical management program, or opt out, at any point in time
- Identify the clinical management program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Have personal health information shared with the clinical management program only in accordance with state and federal law

As a patient who uses Optum Frontier Therapies, you have the responsibility to:

- Notify Optum Frontier Therapies of any changes in your condition such as hospitalization, discontinuation of medicine or treatment, etc.
- Follow the plan of services and accept responsibility for the neglect or refusal of any services
- Notify Optum Frontier Therapies of any schedule changes that may need to be made prior to a scheduled delivery
- Notify Optum Frontier Therapies of any problems, concerns or dissatisfaction with services rendered
- Participate in mutually agreed responsibilities
- Submit forms necessary to receive service
- Provide Optum Frontier Therapies with accurate medical and contact information and any changes to this information
- Notify your treating provider of the services provided by Optum Frontier Therapies
- Maintain any equipment provided by Optum Frontier Therapies
- Provide the right clinical and contact information and let the clinical management program know about any changes
- Tell your treating doctor about being in the clinical management program, if applicable

Have a complaint?

If you have a concern with your care or services from Optum Frontier Therapies, contact our pharmacy manager using one of the options below. We are committed to investigating and resolving all complaints and grievances within 72 hours of receiving a report.

By mail:
Optum Frontier Therapies
Attention: Grievances
6425 Santa Margarita St., Unit 110
Las Vegas, NV 89118

By phone: 1-855-768-9727

When a claim is filed, you'll get a notice letting you know what will and won't be covered. If you are not satisfied with the resolution of your complaint or grievance, or if you have any other questions or concerns, you may contact the following agencies for further investigation:

- Accreditation Commission for Health Care, Inc. (ACHC)
  - achc.org
  - 1-855-937-2242
- URAC®
  - urac.org
- National Association of Boards of Pharmacy
  Find your state's board:
  - nabp.pharmacy/about/boards-of-pharmacy
  - 1-847-391-4406

Medicare suppliers of durable medical equipment and more

The Centers for Medicare & Medicaid Services has standards for suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). You can find those standards here:

cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/downloads/DMEPOSsupplierstandards.pdf

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective January 1, 2025

We[1] are required by law to protect the privacy of your health information and to provide you this notice. The notice explains how we may use information about you and when we can give out or "disclose" that information to others. You have rights to your health information that are described in this notice. We are required by law to follow the terms of this notice that is currently in effect.

The terms "information" and "health information" in this notice include information we have that reasonably can be used to identify you and that relates to your physical or mental health condition, the health care you receive or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice at any time. You may obtain the most current notice by visiting the privacy policy section of our websites, listed in the **Contact us** section on page 29, or by contacting the Optum Entity at the phone number or address listed in the **Contact us** section. We will mail a copy of the revised notice to you, if you make your request on or after the notice's effective date. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

How we collect, use, and disclose information

We collect, use, and disclose your health information to provide information to:

- You or someone who has the legal right to act for you (your personal representative), to administer your rights as described in this notice; and
- The Secretary of the U.S. Department of Health and Human Services, if necessary, to confirm we are meeting our privacy obligations.

We may also collect, use, and disclose health information for your treatment, to bill for your health care and to operate our business. For example, we may collect, use, and disclose your health information:

- **For payment,** including to obtain payment for your health care services. For example, we may disclose your health information to your health insurance company to collect payment for your pharmacy services.
- **For treatment,** including to aid in your treatment or the coordination of your care. For example, we may collect information from, or disclose information to, treating physicians or others involved in your care, regarding possible drug interactions.
- **For health care operations** as needed to operate and manage our business activities related to providing and managing your health care. For example, we might analyze your information to determine ways to improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, it is no longer subject to this notice and we may use it for any lawful purpose.
- **To provide you information on health-related programs or products** such as alternative medical treatments and programs about health-related products and services, subject to the limits of the law.
- **For reminders** we send you about your care, such as prescription-refill reminders.
- **For communications to you** about treatment, payment or health care operations using telephone numbers or email addresses you provide to us.

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We may collect, use, and disclose your health information for the following purposes, under limited circumstances, and subject to certain requirements:

- **As required by law** to follow the laws that apply to us.
- **To persons involved with your care** or who help pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure of information is in your best interest. Special rules apply regarding when we may disclose health information about a deceased individual to family members and others. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For public health activities** such as reporting or preventing disease outbreaks. We may also use and disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.
- **For reporting victims of abuse, neglect or domestic violence** to government authorities that are permitted by law to receive such information, including social services or protective service agencies.
- **To health oversight agencies** for activities permitted by law, such as licensure, governmental audits, and fraud and abuse investigations.
- **For judicial or administrative proceedings** such as in response to a court order, search warrant or subpoena.
- **For law enforcement purposes** to a law enforcement official for purpose such as providing limited information to locate a missing person or report a crime.

- **To avoid a serious health or safety threat** to you, another person, or the public. For example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For specialized government functions** such as military and veteran activities, national security and intelligence activities, and the protective services of the President and others.
- **For workers' compensation** as permitted by, or to the extent needed to comply with, state workers' compensation laws that govern job-related injuries or illness.
- **For research purposes** related to evaluating certain treatments or to prevent disease or disability, if the research study meets federal privacy law requirements, or for certain activities related to preparing a research study.
- **To provide information regarding decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For organ donation purposes** to people and organizations who procure, bank or transplant organs, eyes, or tissue, to help with organ donations and transplants.
- **To correctional institutions or law enforcement officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To business associates** that perform activities on our behalf or provide us with services if the information is necessary for such activities or services. Business associates are required, under contract and pursuant to federal law, to protect the privacy of your information.

- **To Health Information Exchanges (HIE)** in which we participate. An HIE is a way for doctors' offices, hospitals, and other healthcare organizations that provide you with care to share and have access to your health information. In emergency situations where you may be unable provide information, an HIE allows your care providers to quickly view your medical history to take note of allergies or medical conditions that may affect your treatment. HIEs follow applicable state and federal privacy laws on who can access data and for what purpose. If you have questions about whether your information is being shared with an HIE, contact your provider at the number listed in the "Exercising Your Rights" section below.
- **Additional restrictions on use and disclosure.** Some federal and state laws may require special privacy protections that limit the use and disclosure of certain sensitive health information. Such laws may protect the following types of information:

1. Alcohol and substance use disorder
2. Biometric information
3. Child or adult abuse or neglect, including sexual assault
4. Communicable diseases
5. Genetic information
6. HIV/AIDS
7. Mental health
8. Minors' information
9. Prescriptions
10. Reproductive or sexual health
11. Sexually transmitted diseases

We will follow more stringent or protective law, where it applies to us.

Except for the allowed and required uses and disclosures described in this notice, we will use and disclose your health information only with written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain marketing communications without your written authorization.

Once you authorize us to use and disclose your health information, you may take back or "revoke" your written authorization at any time in writing. This will not apply to uses and disclosures we have already acted upon based on your initial authorization. For more information on how to revoke your authorization, use the contact information in the section called **Exercising your rights.**

- **You have the right to ask to restrict** our uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. You must make a written request to restrict the use or disclosure of your information. See instructions in the **Making a written request** section. Please note that while we will try to honor your request, we are not required to agree to any request for restriction except where you have paid for an item or service in full out-of-pocket and request that we not disclose information about that item or service to your health plan. If we do agree with your request for restrictions, we will honor your limits unless it is an emergency situation.
- **You have the right to ask to receive confidential communications** by asking us to send information by alternative means or at alternative locations — for example, to another address instead of your home address. You must make a written request to receive confidential communications or to cancel or change an earlier request. Please see the section called **Making a written request** for instructions. We will honor reasonable requests.
- **You have the right to ask to make changes** to certain health information we maintain about you, such as medical records and billing records, if you believe the health information about you is wrong or incomplete. You must make a written request to change your information and explain your reason(s) for the requested change(s). Please see the **Making a written request** section for instructions. In certain circumstances, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your health information.

- **You have the right to request to see and obtain a copy** of certain of your health information maintained by us, such as your medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you name. In some cases, you also may receive a summary of this health information. You must make a written request to inspect and obtain a copy of your health information. Please see the section called **Making a written request** for instructions. In certain cases, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to receive a listing** of certain disclosures of your information made by us during the six years before your request. This list will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or people you authorized; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to keep track of. You must submit a written request for a list of disclosures. Please see the **Making a written request** section for instructions.
- **You have the right to request a paper copy of this notice at any time.** You may ask for a copy of this notice at any time by contacting us. Even if you have agreed to receive this notice electronically, you can still request additional paper copies of this notice. You may also view and/or print a copy of this notice at our websites, including the websites listed in the **Contact us** section on page 29.
- **In certain states, you may have the right to withhold written consent to the disclosure of reproductive health care services information in certain cases.** Depending on your state of residence, we may be required to obtain your written consent before releasing information about your reproductive health care services in certain civil actions or proceedings, subject to some exceptions. In such cases where we are required to obtain your consent, you have the right to withhold your consent.

Exercising your rights

Making a written request. You must submit a written request to exercise your rights described above. Mail your written request to us to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your records. If you have questions, please call the appropriate phone number listed below. Or mail your request directly to the appropriate address listed below.

Contact us

Optum entity	Phone	Address
Optum® Home Delivery	1-800-562-6223	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **optumrx.com**
Optum® Specialty Pharmacy	1-855-427-4682	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **specialty.optumrx.com**
Optum® Infusion Pharmacy	1-877-342-9352	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **infusion.optum.com**

Optum entity	Phone	Address
Optum® Frontier Therapies	1-855-768-9727	Optum Frontier Therapies, Privacy Office 6425 Santa Margarita St. #110 Las Vegas, NV 89118 Website: **frontiertherapies.optum.com**
Genoa Healthcare	1-888-436-6279	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **genoahealthcare.com**
divvyDOSE	1-844-693-4889	divvyDOSE Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie MN 55344 Website: **divvydose.com**

Questions about this notice or to file a complaint or grievance. If you have questions about this notice, please contact us using the information above. Also, if you believe your privacy rights have been violated, you may file a complaint with us. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Language assistance services

We[2] provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help:

Contact us

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Optum® Home Delivery	1-800-562-6223	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **optumrx.com**
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Optum® Infusion Pharmacy	1-877-342-9352	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **infusion.optum.com**
Optum® Frontier Therapies	1-855-768-9727	Optum Frontier Therapies, Privacy Office 6425 Santa Margarita St. #110 Las Vegas, NV 89118 Website: **frontiertherapies.optum.com**
Genoa Healthcare	1-888-436-6279	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: **genoahealthcare.com**
divvyDOSE	1-844-693-4889	divvyDOSE Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie MN 55344 Website: **divvydose.com**

Notice of availability of language assistance services and alternate formats

ATTENTION: Language assistance services are available to you free of charge. Go to the Contact Us section to find the Optum Entity you need to reach and the phone number you need to call.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Diríjase a la sección Contáctenos para encontrar la Entidad de Optum con la que necesite comunicarse y el número de teléfono al que debe llamar.

請注意: 如果您說中文 (Chinese)，我們免費為您提供語言協助服ma務。前往「聯絡我們」一節，找到您需要聯絡的 Optum 單位以及您需要撥打的電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Đến phần Liên hệ với chúng tôi để tìm Thực thể Optum mà quý vị cần liên hệ và số điện thoại mà quý vị cần gọi.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 연락해야 할 Optum 사업부 및 전화해야 할 전화번호 를 찾으려면 연락처 섹션으로 이동하십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pumunta sa seksyong Makipag-ugnayan sa Amin upang mahanap ang Entidad ng Optum na kailangan mong kaugnayan at ang numero ng telepono na kailangan mong tawagan.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является Русский (Russian). Перейдите в раздел «Связаться с нами», чтобы найти подразделение Optum, с которым вам нужно связаться, и номер телефона, по которому вам нужно позвонить.

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. انتقل إلى قسم “اتصل بنا” للعثور على كيان Optum الذي تحتاج إلى التواصل معه ورقم الهاتف الذي تحتاج إلى الاتصال به.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Ale nan seksyon Kontakte Nou pou jwenn Antite Optum ou dwe kontakte a epi nimewo telefòn ou dwe rele a.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Consultez la section Contactez-nous pour trouver l'entité Optum que vous souhaitez contacter et le numéro de téléphone à composer.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Przejdź do sekcji Kontakt, aby znaleźć jednostkę Optum, z którą chcesz się skontaktować oraz numer telefonu, pod który należy zadzwonić.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Consulte a secção "Contacte-nos" para encontrar a Entidade Optum a contactar e o número de telefone para o qual precisa de telefonar.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Vai alla sezione Contattaci per trovare l'azienda Optum che devi contattare e il numero telefonico da chiamare.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Im Abschnitt „Kontakt" finden Sie das Optum-Unternehmen, mit dem Sie sich in Verbindung setzen möchten, sowie dessen Telefonnummer.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。「お問い合わせ」セクションで、問い合わせ先の Optum Entity と電話番号を見つけてください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به صورت رایگان در اختیار شما می باشد. به بخش "تماس با ما" بروید تا واحد Optum Entity مورد نظر خود و شماره تلفنی که باید تماس بگیرید را پیدا کنید.

कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क Optum संगठन से आपको संपर्क करना है और जिस फ़ोन नंबर पर आपको कॉल करना है उसे ढूंढने के लिए हमारे संपर्क करें अनुभाग पर जाएं।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Mus rau ntawm feem saib xyuas Chaw Tiv Tauj Rau Peb txhawm rau tshawb nrhiav Lub Chaw Lis Hauj Lwm Ntawm Optum uas koj xav tiv tau jrau thiab tus nab npawb xov tooj uas koj xav hu rau.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(Camodian-Mon-Khmer)សូវោជំនួយភាសាដោយឥតគិតថ្លៃគឺមានសំរាប់អ្នក។ ទៅកាន់ផ្នែក ទាក់ទងពួកយើង ដម្បីស្វែងរក Optum Entity (អង្គភាព Optum) ដែលអ្នកត្រូវការទៅរក និងលេខទូរស័ព្ទ ដែលអ្នកត្រូវការហៅទៅកាន់។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Mapan iti paset a Kontakennakami tapno makitam ti Entidad ti Optum a kasapulam a makauman ken ti numero ti telepono a kasapulam a tawagan.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. Nihich'į' Hane' Alnéédh dah shijaa'íjį aninádh áko Optum Entity bik'initáádh baa díínááł hwiinidzin dóó béésh bee hane'í námboo bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Booqo qeybta Nala Soo Xiriir (Contact Us) si aad u hesho shirkadda Optum Entity ee aad rabto inaad la xiriirto iyo lambarka telefoonka ee aad rabto inaad wacdo.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (Greek), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Μεταβείτε στην ενότητα Επικοινωνήστε μαζί μας για να βρείτε την Οντότητα Optum με την οποία πρέπει να επικοινωνήσετε και τον αριθμό τηλεφώνου που πρέπει να καλέσετε.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પૂરાપૂય છે. તમારે સંપર્ક કરવો હોય છે તે Optum સંસ્થા અને તમારે કૉલ કરવો હોય તે ફોન નંબર શોધવા માટે અમારા સંપર્ક માટેના વિભાગ પર જાઓ.

УВАГА: Якщо ви розмовляєте українською мовою (Ukrainian), у вас є можливість скористатися безкоштовними послугами перекладача. Перейдіть до розділу «Зв'яжіться з нами», щоб знайти підрозділ компанії Optum, з яким потрібно зв'язатися, і номер телефону, за яким потрібно зателефонувати.

AADACHT: Wann du Deitsch Schwetze (Pennsylvanian Dutch) kann, kannscht du frei Schprooch aushilfe griege. Geh zu der Blatz wu's saagt "Contact Us" fer die Optum Entity finne as du hold griege musscht devun un der Phone Nummer finne as du uffrufe musscht.

FAAALIGA: Afai e te tautala Faa-Samoa (Samoan), o loo avanoa tautua mo fesoasoani tau gagana mo oe, e le totogia. Alu i le vaega o le Contact Us (Faafesoʻotaʻi Mai iā i Matou) e suʻe ai le Optum Entity (Vaega o le Optum) e manaʻomia ona e faafesoʻotaʻi atu ai ma le numera o le telefoni e tatau ona e valaʻau atu ai.

1. The Provider Notice of Privacy Practices applies to the pharmacies affiliated with Optum: divvyMED, LLC, Genoa Healthcare LLC, Optum Frontier Therapies II, LLC, Optum Frontier Therapies, LLC, Optum Infusion Services 101, Inc., Optum Infusion Services 103, LLC, Optum Infusion Services 200, Inc., Optum Infusion Services 202, Inc., Optum Infusion Services 203, Inc., Optum Infusion Services 204, Inc., Optum Infusion Services 207, Inc., Optum Infusion Services 209, Inc., Optum Infusion Services 302, LLC, Optum Infusion Services 305, LLC, Optum Infusion Services 308, LLC, Optum Infusion Services 401, LLC, Optum Infusion Services 402, LLC, Optum Infusion Services 404, LLC, Optum Infusion Services 500, Inc., Optum Infusion Services 501, Inc., Optum Infusion Services 550, LLC, Optum Infusion Services 553, LLC, Optum Specialty Services, LLC, Azina, LLC & CPS Puerto Rico, Inc., CPS Solutions, LLC, CPS Telepharmacy, Inc., Optum Pharmacy 700, LLC, Optum Pharmacy 701, LLC, Optum Pharmacy 702, LLC, Optum Pharmacy 704, Inc., Optum Pharmacy 705, LLC, Optum Pharmacy 706, Inc., Optum Pharmacy 707, Inc., Optum Pharmacy 801, Inc., OptumRx Home Delivery of Ohio, LLC, OptumRx Pharmacy of Nevada, Inc. CUL I, OptumRx Pharmacy of Nevada, Inc. CUL II, OptumRx Pharmacy of Nevada, Inc. CUL III, OptumRx, Inc.

2. For purposes of the Language assistance services and this non-discrimination notice ("notice"), "We" refers to the entities listed in footnote 1 of the notice of privacy practices. Please note that not all entities listed are covered by this notice.

Patient acknowledgment and informed consent to treatment

Optum Frontier Therapies™

Patient acknowledgment and informed consent to treatment

Patient name _____ Date of birth _____

Consent for treatment
I authorize Optum® Frontier Therapies to provide products, supplies and services as prescribed by my physician. I confirm I have been informed and have participated in planning my care. I sign this consent willingly and voluntarily.

I understand this consent is valid from the date of the start of therapy. I understand that I may withdraw my consent at any time by notice to Optum Frontier Therapies. If I do so, the services will no longer be provided.

Assignment of insurance benefits
I assign and transfer to Optum Frontier Therapies any and all rights to receive payment of insurance benefits. The assignment of benefits includes pharmaceuticals, durable medical equipment and, if needed, home health care, nursing and surgical benefits which are otherwise payable to me for products or services provided.

This assignment covers all benefits under Medicare, other state/federal government-sponsored programs, health insurance sponsored by private employers and any other health plans.

I understand this document constitutes a legally binding assignment, and is not a mere authorization to collect benefits on my behalf.

I also authorize and direct my insurance carrier(s) to give an agent of Optum Frontier Therapies any and all information related to my insurance benefits and the status of claims submitted by Optum Frontier Therapies for services rendered.

I understand payments may be sent by my insurance provider directly to me. If I receive those payments, I agree to promptly submit them to Optum Frontier Therapies for payment of my bill. I can make payment by:

- Personal check
- Endorsing the payment by writing “Pay to the order of Optum Frontier Therapies” and my signature

I understand I am also responsible for copayments, deductibles and services not otherwise covered by my insurance carrier.

Payment of services rendered
I understand I am responsible for arranging payments for all medications and services provided by Optum Frontier Therapies. I understand it is my responsibility to let Optum Frontier Therapies know my insurance information, including prescription card information.

I understand it is my responsibility to let Optum Frontier Therapies know of any changes in my insurance coverage.

I understand it is my responsibility to pay for any medications and services that are provided but are not covered or are rejected by my insurance carrier, for whatever stated reason.

Optum Frontier Therapies will provide products and/or services agreed upon when the order is coordinated for the stated patient. The estimated cost of each treatment will be communicated at time of order coordination.

I understand the amount may vary depending on deductible and out-of-pocket expenses. I agree to make payment arrangements at the time of order coordination.

Acknowledgment of receipt of notice of privacy practices
I hereby acknowledge receipt of the Notice of Privacy Practices concerning protected health information (PHI) from Optum Frontier Therapies.

Acknowledgment of receipt of mandated forms
I hereby acknowledge receipt of:

- Client Bill of Rights
- Medication refill and shipment process
- Infection control procedures
- Procedure for filing a grievance or complaint

I acknowledge receipt of the DMEPOS (durable medical equipment, prosthetics, orthotics and supplies) Supplier Standards.

Product warranty/replacement information
Optum Frontier Therapies will honor all express warranties under applicable state law. Optum Frontier Therapies will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare-covered items that are covered under warranty.

This applies to all purchase items. Please notify Optum Frontier Therapies at **1-855-768-9727** for any product that is broken or damaged, or does not properly function.

I have been instructed and understand the warranty/replacement information on the product I have received.

I agree to the terms stated in the Optum Frontier Therapies Patient Acknowledgment and Informed Consent to Treatment.

PATIENT SIGNATURE (or representative): _____ Date signed: _____

Relationship of representative to patient: _____ Is patient a minor? ○Yes ○No

Sign and return this document:

By mail: Optum Frontier Therapies
6425 Santa Margarita St. Unit 110
Las Vegas, NV 89118

By email: oft_privacy@optum.com

Important. Please sign and return.

Optum

To contact us, call 1-855-768-9727

Thank you for choosing Optum Frontier Therapies

Optum