



Medication Packaging (Dispill) by Horsham Pharmacy

Horsham Pharmacy is an independent pharmacy located in Horsham Township less than 25 miles to Camp Onas. We provide specialized medication packaging (Dispill) to assist campers with their medications.

The Dispill includes all of the camper's medications separated by day and time. The medications are sealed into the package and deliver directly to Camp Onas. Our Dispill ensures that each camper receives the right medication(s) at the right time. The packaging makes medication(s) administration fast and safe. In addition, Dispill is portable which allows for easy transport on overnight excursions.

In addition to Dispill, we can dispense inhalers, liquids, and injectables; however, these medications will be delivered to Camp Onas separately and will not be included in the Dispill. We will coordinate with the camp nursing staffs so that all medications are administered per provider's instruction.



The Dispill pack

FAQ's

Which medications can be packaged in Dispill blister?

All medication in pill form can be incorporated into Dispill including over the counter products like vitamins and supplements. The only exceptions are Birth Control pills and Accutane which cannot be combined in the Dispill pack.

Can a half or quarter pill be packaged?

Yes, Horsham Pharmacy can split pills as long as they are in a dosage form that permits the pill to be cut. (I.e. delayed release medications cannot be split).

What do I have to do to start the process?

Complete the enrollment form and we will take care of the rest. Form can be fax to 267-282-5732 or email to Rph@horshamrx.com. We've included the enrollment steps for your information.

Enrollment Steps:

Parent/Guardian/Counselor:

Step 1: Complete and submit enrollment form by faxing it 267-282-5732 or email to Rph@horshamrx.com

Horsham Pharmacist/Staff:

Step 2: Call back to confirm and obtain Rx's.

Step 3: Transfer Rx's from current Pharmacy.

Step 4: Or fax medications request letter to physician.

Step 5: fill, dispense and deliver packages to camp



How much time does the Pharmacy need to complete the process?

Please submit the enrollment form at least 3 weeks before start date to allow for communication with your pharmacy and doctor.

Does Horsham Pharmacy accept my Insurance?

Horsham Pharmacy accepts most major insurance plans. We review every enrollment form and will contact you if we find that we cannot accept your insurance. We will provide cash price for you to select as alternate form of payment.

I use mail order for a 90 day supply of medication. Can I still use Dispill?

We can notify your insurance that you need your medications pre-packaged for camp. Most insurance will authorize an override in their system to allow the Pharmacy to fill your medication for a 30 day supply.

Will the pharmacy dispense Brand or Generic drugs?

“Pennsylvania law permits pharmacist to substitute a less expensive generically equivalent drug or biological product for a brand name drug unless you or your physician direct otherwise.”

Horsham Pharmacy will dispense generic medications if available. You can request brand medication by specify on your enrollment form or call the Pharmacy. Your doctor can also do so by writing “Brand Necessary” or “Brand Medically Necessary” on the prescription.

Who do I contact if I have any questions about Dispill?

We want to make sure that this is a stress-free process insuring your camper's safety and enjoyment at Camp Onas. The pharmacist and our staffs are standing by to answer any question that you have. Please feel free to call us at 267-282-5747 or email us at RPh@horshamrx.com.

 **Horsham Pharmacy**

316 Horsham Road Suite

Horsham, PA 19044

Rph@horshamrx.com

267-282-5747

267-282-5732 (fax)

Camper ... Have Fun and
Enjoy the Camp Onas Experience!



New Camper or Counselor Enrollment

Complete the form below to enroll your camper or counselor in **the medication blister pack program (Dispill)**. One enrollment per camper or counselor registered and confirmed to attend Camp Onas.

Camper/Counselor's Name: _____ Male or Female

First name

Last Name

Camper/Counselor's Date of Birth (DOB): ____/____/____

Camper's Registered Check-in date of Camp: ____/____/____

Blisters are dispensed in 30 days and refill as needed for first date.

Contact Information:

Provide contact information so that Horsham Pharmacist can call to verify any information

Name of Contact Person: _____

First Name

Last Name

Relation to the Camper/Counselor: _____ (father, mother, legal guardian, etc)

Contact Primary Phone Number: ____ - ____ - ____

Contact Cell Phone: ____ - ____ - ____

Camper's Primary Care Providers/Physicians and Current Pharmacy

Primary Care Physician Name: _____ Phone: ____ - ____ - ____

Secondary/Specialty Care Physician Name (if applicable) _____ Phone: ____ - ____ - ____

Current Pharmacy Name _____ City and State: _____

Current Pharmacy Phone Number: _____

Billing Information

For your convenience, provide billing address and credit card information. The information will be used to pay for co-pays, OTC, and any emergency prescription as needed during the camper overnight stay. If not provided, we will call to obtain payments over the phone

Name on Credit Card: _____

Billing Address Street: _____

Credit Card Number: _____

Credit Card Verification Code: ____ ____ ____ ____ (3 digits number on back of card on signature pane. For American Express, enter 4 digits in front of card on the right hand side)

Credit Card Expiration Month/Year: ____/____ / ____/____

Enrollment and Credit Card Authorization:

By signing below

- ✓ I enroll the camper/counselor list above in the medication blister pack program (Dispill) with Horsham Pharmacy.
- ✓ I authorize Horsham Pharmacy to use information I provided to Camp Onas for prescriptions
- ✓ I authorize Horsham Pharmacy to bill my credit card listed above as needed on all products related to the enrolled camper/counselor.

Parent/Guardian Signature: _____ Date: _____

OPTIONAL: Provide additional information to help us better cater to your child's need.

Allergies

Does camper have any allergies that the pharmacist needs to be aware of? Yes _____ or No _____

If "Yes", please provide details. Please provide as much details to allergies as known. The pharmacist will call back to verify.

Prescription Medications:

Please list all prescription medications that you would like Horsham Pharmacy to dispense in the daily blister package.

<u>Medication Name</u>	<u>Strength</u>	<u>Direction</u>	<u>Prescribing doctor</u> (primary or specialist)	<u>Special Instruction</u> (eg. Brand or generic)

Over the Counter Medications and Vitamins

Please list all over-the-counter medications (OTC) and/or vitamins that you would like Horsham Pharmacy to dispense in the daily blister package. The pharmacist will call back to verify and confirm costs to add to blister packs.

<u>Medication Name</u>	<u>Strength</u>	<u>Dosage form</u> (eg. capsule, tablet etc)	<u>Direction</u>	<u>Special instruction</u> (eg. brand or generic)

Camper/Counselor's Prescription Insurance Information

Provide prescription insurance information that can be found on the camper or primary plan holder prescription benefit card. **Skip if you already provided to Camp Onas or if you're submitting a copy of the insurance card with this form.**

Primary Cardholder ID#: _____

RX BIN # _____

RX PCN# _____

RX Group # _____ (if applicable) Person Code _____ (if applicable)