

Great Land Infusion Pharmacy Delivery Policy

Deliveries will be made Mon thru Fri until 5:00pm only.

Delivery requests for that day's delivery must be made by the patient no later than 10 AM and must have current refills available.

Deliveries will be attempted only one time per day for oral prescriptions. If the patient is not there at the time of delivery, they may pick up the prescription at the Great Land Infusion Pharmacy office or pay a \$10.00 delivery fee for a second attempt that day if time permits, or wait until the next day when we will try again for free if the patient requests this. If the patient is not present for delivery the second day, they will have to arrange for pick up of their medication. IV medications may get a free second delivery attempt on the same day at no charge **IF** the patient contacts Great Land Infusion Pharmacy by phone and arrangements are made in advance of the second delivery.

Deliveries may be made to an address other than the patient's home address if the patient so requests, with the understanding that we can not control the fact other people may see their prescriptions. **ALL DELIVERIES WILL BE SIGNED FOR AT THE TIME OF DELIVERY!!!**

Abuse of the free delivery privileges, such as multiple absences at the time of delivery, or abuse of Great Land Infusion Pharmacy delivery personnel will result in termination of further deliveries to that particular patient.

Drivers are allowed to take payments for medication, and will offer the patient a receipt if payment is given to them. If it is a cash payment the driver must give the patient a written receipt, no exceptions.

Our drivers are not allowed to accept tips or gifts from our patients.

I authorize the following person's to accept/pickup delivery of my medications (*ie: husband, wife, sons, daughters, etc.*) until such time as I revoke this authorization in writing:

I **DO NOT** authorize the following person's to accept/pickup delivery of my medications (*ie: husband, wife, sons, daughters, etc.*) until such time as I revoke this authorization in writing:

By signing this I acknowledge I have received a copy of Great Land Infusion Pharmacy's delivery policy. I understand and agree to all the terms of this policy.

Name (printed)_____

Signature:_____

Date:_____