

# Benefit Flash

July/August 2007

## *Answers to questions about Novia Care-Clinics you may not know you had . . .*

### NOTES FOR YOU FROM NOVIA CARE —

#### **Canceling and Rescheduling Appointments**

If you are unable to keep an appointment, it is very important for you to cancel the appointment prior to the scheduled time. In doing so, you open up the time slot for others who may need to visit the clinic. We have many days when the schedule is full and patients are calling to try to get in. Your consideration is much appreciated.

#### **To cancel/reschedule online:**

- Logon to scheduling system through [www.noviacareclinics.com](http://www.noviacareclinics.com)
- Locate your appointment date on the calendar
- Click on the “Delete” button to the right of scheduled time
- Confirmation screen will appear; scroll to bottom of the page and click on the “Click to Delete (Cancel) Appointment” button.
- If you wish to reschedule, simply go to the desired date on the calendar and proceed with scheduling an appointment as you normally would.

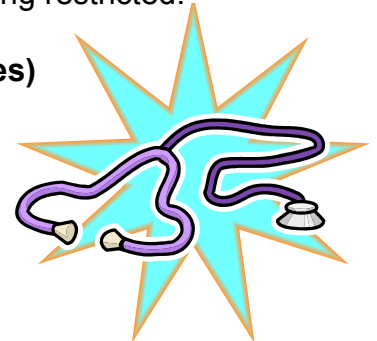
#### **To cancel/reschedule by phone:**

- Call the 24 Hour Line @ 1-888-417-1001 and they will either cancel your appointment or walk you through the process. They can also reschedule for you, if you desire.
- Call Novia CareClinics office @ 1-800-897-4093 and their staff will assist you.

We want to advise you that if you schedule an appointment and are a “no show,” someone from Novia CareClinics will contact you to see what the circumstances were regarding your inability to keep your appointment. Continued abuse could result in your access to the clinic being restricted.

#### **Novia CareClinic Hours (Medical Assistant – Kristin Grubbs at all sites)**

- Mondays 8-11 AM (Goshen); Dr. Jennifer Dear
- Mondays 1-4 PM (Elkhart); Dr. Jennifer Dear
- Wednesdays 1-5 PM (Goshen); Dr. James Miller
- Thursdays 12-6 PM (Elkhart); Dr. Harry Stoller
- Fridays 8-11 AM (Elkhart); Dr. Ronald Powell
- Fridays 1-4 PM (Goshen); Dr. Michael Smothers



## **How Much Time Should You Schedule?**

- For a regular appointment you should schedule one 20-minute time slot.
- Annual Physical - Schedule two 20-minute time slots, back to back.
- Sports Physical - Schedule two 20-minute time slots, back to back.
- Annual Pap Screening - Schedule two 20-minute time slots, back to back.
- Multiple medical conditions sometimes require more than one 20-minute appointment, particularly if it is your first visit to the CareClinic. If you have more than two conditions to discuss with the doctor, you may wish to schedule an additional time slot.
- If lab tests are required, you may be asked to schedule those during the “blood draw only” appointment times.
- You should always plan to schedule a follow-up appointment to go over your lab results.

## **Health Risk Assessment Follow Up – Appointment Follow Up**

Novia CareClinics provides (through Managed Care Concepts) Health Coaching and 24-hour Nursing Services for Novia CareClinics’ patients. These nurses will be routinely following up with patients who have visited the CareClinic. We encourage you to take advantage of the health coaching services they offer, as part of the clinic benefits. Additionally, they are an excellent resource for questions you have regarding a condition, prescription drug or treatment plan. We want to be sure that the experience you have at the CareClinic is a positive one, so please return their calls to you. They can be reached at 888-417-1001.

## **What Should I Do If.....**

- I have a question, comment, concern or complaint about my visit
- Another provider or pharmacy needs to reach someone at the clinic
- I need to reach my doctor and the clinic is closed
- I would like to share my experience visiting the clinic

Please call Novia CareClinics @ 800-897-4093 and our staff will assist you. If you should need to reach us outside of regular business hours, call the 24-hour line @ 888-417-1001 and they will either be able to assist you or contact us to help you.

You are also able to reach us through our website ([www.noviacareclinics.com](http://www.noviacareclinics.com)) by clicking on the “contact us” tab. There is a listing of our staff’s e-mail addresses and phone numbers or an automatic e-mail function. Any of our staff will be happy to assist you.

There is also an email function in the menu section of the scheduling system (the green stripe on the left side of the screen.) Simply click on “E-mail for Help” (near the end of the menu) and an e-mail will automatically appear for you to complete. This e-mail is directed to our home office.

These last two options should not be used in an emergency situation, as they are only monitored during regular business hours. There is normally someone available in our office from 7:30 AM – 6:00 PM.

**novia**  
CARECLINICS

# HAVE YOU TRIED IT?

The Serve You DirectRx<sup>sm</sup> Mail Service Pharmacy offers a safe and convenient way for you to have your maintenance medications (those medications you use on a regular long-term basis) delivered right to your home.

The benefit to you:

## CONVENIENCE

- Prescriptions are processed within 24-48 hours from receipt and are mailed directly to your home or office.
- You can call in your refills 24 hours per day at 1-800-759-3203 or order online from their website at [www.serve-you-rx.com](http://www.serve-you-rx.com).



## COST SAVINGS

- Serve You DirectRx<sup>sm</sup> can fill up to a 3-month supply of maintenance medications with no additional charge for mailing at a cost lower than three months at a retail pharmacy
- Contact Serve You Customer Service at 1-800-759-3203 for your price through mail service

## HOW TO USE THE PROGRAM:

### NEW ORDERS

Stop by Personnel for a DirectRx<sup>sm</sup> order form and envelope. Complete both sides of the order form and mail it to Serve You along with your original written prescription and co-payment in the self-addressed envelope. Co-payment can be made by Visa, MasterCard, Discover, American Express, personal check or money order. (If you are already taking medication(s), call your doctor's office and request a new prescription.) Ask your doctor for a written prescription for a 90-day supply plus three refills for each medication. That will cover a one-year supply.

### REFILL ORDERS

- **By Phone:** Call 1-800-759-3203, 24 hours a day, 7 days a week to reorder prescriptions using their automated telephone refill line. Have the following information ready:
  - name, shipping address and daytime phone number
  - Visa, MasterCard, Discover, or American Express card number and its expiration date
  - prescription number and the name of the medication you are refilling
- **By Mail:** Using the prescription re-order form provided to you with every order, check the appropriate re-order box and mail the form back to Serve You in the envelope provided, again providing for the co-pay charge. *(Does not require completion of the patient profile information unless it has changed since your last order).*
- **By Internet:** Go to their website at [www.serve-you-rx.com](http://www.serve-you-rx.com).

\*Please allow up to 2 weeks for the processing and mailing of your prescriptions.

Below is a sample prescription re-order form -

Serve You  
 Custom Prescription Management  
 P.O. Box 240034  
 Milwaukee, WI 53224-9002  
 1-800-759-3203  
 1-414-410-3231 (Fax)  
 www.serve-you-rx.com

<b>Patient Information</b>		<b>Address Correction</b> <span style="float: right;">04/24/07</span>				
CUSTOMER NAME STREET ADDRESS CITY, ST ZIP Home: (574) xxx-xxxx		<input type="checkbox"/> Permanent <input type="checkbox"/> This Order Only <input type="checkbox"/> Seasonal From ___/___/___ To ___/___/___ Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Home Phone: _____ Work: _____ E-Mail: _____				
<b>MD Information</b>						
Name: _____		Phone: _____				
<b>NEW RX'S</b>						
Patient Name	Birth Date	Gender M   F	Relationship Cardholder/ Spouse/Dependent C   S   D	Allergies	Use Generic If MD Permits If Available Y   N	Safety Cap Y   N
_____	___/___/___	□ □	□ □ □	_____	□ □	□ □
_____	___/___/___	□ □	□ □ □	_____	□ □	□ □
Please attach original prescription to re-order form and mail to the above address						
<b>REFILLS</b>						
	Drug Name Refill Information	Quantity	*Your Charge/ Copayment	RxNumber		
<input type="checkbox"/>	<b>SIMVASTATIN 10MG</b> Refills: 3    Can be refilled after 04/20/07	90ea Rx Expires: 11/30/07	40.61 10.00	*00571197* 00571197		
<input type="checkbox"/>	<b>LISINOPRIL TAB 10MG</b> Refills: 3    Can be refilled after 04/20/07	90ea Rx Expires: 11/30/07	10.00	*00571196* 00571196		
* Your Charge/Co-payment is subject to change based on benefit coverage						
<b>PAYMENT</b>						
TOTAL DUE FOR THIS ORDER \$ _____			TOTAL # OF RX'S _____			
<input type="checkbox"/> AMX <input type="checkbox"/> DIS <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Check <input type="checkbox"/> Money Order						
Credit Card Number _____			Exp Date ___/___/___		Amount \$ _____	
Cardholder Signature _____			Check/M.O. Number _____			