Meds-to-Beds

Payment type:
\Box Check \Box Cash
Credit Card:

OTC Items:

By signing below, I acknowledge that I have received Meds-to-Beds discharge services on medications my child's provider is prescribing. I received the prescription(s) listed above today and authorize release of prescription information to all authorized parties. I authorize payment for the prescription directly to OU Children's Pharmacy and acknowledge that any false claims or documents may be prosecuted by law. All information provided on this form is correct to the best of my knowledge.

Signature:

Date:_____

OU Children's Pharmacy

1200 Childrens Ave., Suite 2A Oklahoma City, Oklahoma 73104 Phone: (405) 271-2156

Hours of Operation:

9 a.m. to 7 p.m. Monday-Friday 10 a.m. to 5 p.m. Saturday and Sunday *Meds-to-Beds delivery hours: 9 a.m. to 6 p.m. Monday-Friday*



Benefits of the Meds-to-Beds Program

- You concentrate on the most important thing your child's recovery!
- The delivery service for this program is free!
- It's one less step for you to worry about you can turn your full attention to your child.
- The pharmacy works with providers on medications not covered by your insurance.
- Your family members can be involved in the medication process in your hospital room.
- There's added privacy.
- Ensures that you have your child's medications before going home.

Meds-to-Beds

College of Pharmacy

A convenience designed specifically for your child

We deliver your child's discharge prescriptions to you before you take your child home.

The Meds-to-Beds Program allows you to concentrate on your child's healing

The Meds-to-Beds Program provides you with a convenient packaging system that combines your child's medication regiment into easy-to-use pouches. Each personal pouch clearly identifies your child's name, along with every pill, the correct dosage and the time of dosing. As part of the patient discharge process, OU Children's Pharmacy staff will deliver discharge prescriptions directly to you before you take your child home. Designed with your child's health in mind, this program eliminates a stop at the pharmacy on the way home.

Some medications are not available for convenient packaging.

Frequently asked questions

Can these prescription costs be added to my child's hospital bill?

Prescriptions filled by the Meds-to-Beds program are considered an outpatient pharmacy service and cannot be added to your child's hospital bill. We will collect the copay when services are rendered.

- Do you accept my family's prescription plan? We accept most insurance plans and will directly bill the prescription to your insurance provider. However, you will be responsible for any copay required when services are rendered.
- What types of payment are acceptable for this program?

The Meds-to-Beds program accepts personal checks, cash, debit cards, and credit cards.

- What if we forget to bring our prescription insurance card to the hospital?
 We will gladly call your current pharmacy and retrieve your child's insurance information.
- Where is OU Children's Pharmacy located? OU Children's Pharmacy is located in the Children's Atrium (Suite 2A), just next to the information desk.



How do I know when my child's prescription(s) is ready?

Once your child's prescription is filled, a staff member will deliver it to you in your child's room (during business hours). A pharmacist will be available to counsel you on the medications.

• How do I participate in the Meds-to-Beds program?

Let your case manager, nurse, or doctor know you'd like OU Children's Pharmacy to deliver your child's new prescriptions prior to discharge. We'll take care of all the details.

• What happens when we are home and my child's 30-day supply has run out?

You can call OU Children's Pharmacy to refill your child's prescription or you can have the prescription transferred to a pharmacy of your choice. OU Children's Pharmacy can also mail most medications.

Meds-to-Beds

Male Female	
Date of Birth:	
Parents (insured) Driver's License/ID	#:
Driver's License:	
State	Exp. Date
Room Number:	
Drug Allergies:	
Phone Number:	
Prescription Insurance Inforr	mation:
Prescription Insurance Inforr Bin:	nation:
Prescription Insurance Inforr Bin:	nation:
Prescription Insurance Inforr Bin: PCN:	nation:
Prescription Insurance Inforr Bin: PCN: ID:	nation:
Prescription Insurance Inform Bin:	nation:
Prescription Insurance Inform Bin: PCN: ID: Group: If you don't have your prescription insplease provide your current pharmate	mation:
Prescription Insurance Inform Bin: PCN: ID: Group: If you don't have your prescription insplease provide your current pharmatic	mation:
Prescription Insurance Inform Bin: PCN: ID: Group: If you don't have your prescription insplease provide your current pharmace phone number, if possible:	nation: surance card, cy name and
Prescription Insurance Inform Bin: PCN: ID: Group: If you don't have your prescription in: please provide your current pharmace phone number, if possible: All eligible medications will b	mation: surance card, cy name and e adherence
Prescription Insurance Inform Bin: PCN: ID: Group: If you don't have your prescription in: please provide your current pharmac phone number, if possible: All eligible medications will b packaged unless otherwise in	nation: surance card, cy name and e adherence ndicated.
Prescription Insurance Inform Bin: PCN: ID: Group: If you don't have your prescription in: please provide your current pharmac phone number, if possible: All eligible medications will b packaged unless otherwise in I request my child's prescriptions, whe	nation: surance card, cy name and e adherence ndicated.
Prescription Insurance Inform Bin: PCN: D: D: Group: If you don't have your prescription in: please provide your current pharmace phone number, if possible: All eligible medications will b packaged unless otherwise in I request my child's prescriptions, whe placed in a pill bottle.	nation: surance card, cy name and e adherence ndicated.
Prescription Insurance Information Bin: PCN: ID: Group: If you don't have your prescription insplease provide your current pharmace phone number, if possible: All eligible medications will b packaged unless otherwise in I request my child's prescriptions, when placed in a pill bottle. I request my child's prescriptions, when placed in a pill bottle. I result in a pill bottle.	mation: surance card, cy name and e adherence ndicated. re applicable, to be
Prescription Insurance Inform Bin: PCN: D: D: Group: If you don't have your prescription in: please provide your current pharmace phone number, if possible: All eligible medications will b packaged unless otherwise in I request my child's prescriptions, whe placed in a pill bottle.	mation: surance card, cy name and e adherence ndicated. re applicable, to be

I understand that the packing of my child's prescriptions is not childproof:

Yes No

I understand that the Meds-to-Beds is an optional service and not required:

Yes No

Let your nurse know you're interested in the OU Meds-to-Beds program. If possible, please have your prescription insurance card and copay method available. Phone: (405) 271-2156