May 11, 2021

Vbnm**** Lkjh****
c/o Sonia Heffner
880 strider ln
Columbus, IA 55555

Note: A review of your medications was done on April 30, 2021 with Jerrard Butler who served on your behalf. Here is a summary of your medication review.

Dear Vbnm**** Lkjh****,

Thank you for talking with me on April 30, 2021, about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.

2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call Erica Bernstein at 877-237-0050 X555, 8am to 7p CT, Monday through Friday. TTY users call 711.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

Erica Bernstein

Erica Bernstein
Pharmacist, OUTCOMES TRAINING PHARMACY

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Recommended To-Do List

Prepared on: 05/11/2021

You can get the best results from your medications by completing the items on this **"To-Do List."**

Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

My To-Do List

What we talked about:	What I should do:
problem problem	❑ action

What we talked about:	What I should do:
problem	❑ action 1 action 1 action 1 action 2 action 2 action 2 ❑ action 3 action 3 action 3

What we talked about:	What I should do:
problem problem	❑ action with no actionBulletPoints property defined

What we talked about:	What I should do:
problem problem	❑ action with empty action bullet points

What we talked about:	What I should do:
problem problem	❑ action with null action bullet points

What we talked about:	**What I should do:**
problem problem	❑ action

What we talked about:	**What I should do:**
problem problem	❑ action

What we talked about:	**What I should do:**
problem problem	❑ action

What we talked about:	What I should do:
problem problem	❑ action

What we talked about:	What I should do:
problem problem	❑ action

What we talked about:	What I should do:
We created a list of the medications you are taking. We talked about why you use each medication and the best way to take them.	❑ It is important to take your medications as directed to get the most from them. Talk to your pharmacist if there are changes to your medications or if you have questions.

How to Safely Dispose of Unused Prescription Medications

Prepared on: 05/11/2021

Get rid of unused or expired medicine as soon as possible. Read the information that came with your medicine. It might tell you how to safely get rid of it. If you don't have the information, follow one of these safe options:

1. **Ask your local pharmacy** if they have a program to get rid of medicine you do not need anymore.
   - Some pharmacies (and other DEA approved sites) allow medicine to be mailed to the pharmacy.
   - Ask for the special packages needed to mail medicine.
2. Bring the medicine to a **community Drug Take Back program**.
   - This is the best method for controlled substances.
   - Drug Take Back programs near you:
     - first_businessName
       first_address1 first_address2 first_city, first_state first_zip
     - second_businessName
       second_address1 second_address2 second_city, second_state second_zip
3. Visit **DEATakeBack.com** to find other collection sites in your area.
   - You can search by your city or zip code at https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1.
4. Follow the steps below to **throw away medicine in the trash** or flush *approved* medications.
   - Do not flush medicine in the toilet or sink unless there are instructions telling you to do so. Learn more about the flush list and safe medicine disposal at https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html.

Take or scratch off personal information, including Rx number, from the packaging before getting rid of medicine.

Throwing away medicine at home

There are three simple steps to throw away your medicine in your household trash:

1. **Remove** the medicine from its container and **mix** with an unappealing substance, such as dirt, used coffee grounds or kitty litter.
2. Put in **sealable bag** or other container. This will prevent leaking or breaking out of the garbage bag.
3. Place in the trash.

Medication List

Prepared on: 05/11/2021

Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.

Note any changes to how you take your medications. Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
MED1	DIRECTIONS1	CONDITION1	FIRSTNAME1 LASTNAME1
MED2	DIRECTIONS2	CONDITION2	FIRSTNAME2 LASTNAME2
MED3	DIRECTIONS3	CONDITION3	FIRSTNAME3 LASTNAME3
MED1	DIRECTIONS1	CONDITION1	FIRSTNAME1 LASTNAME1
MED2	DIRECTIONS2	CONDITION2	FIRSTNAME2 LASTNAME2

Medication	How I take it	Why I use it	Prescriber
MED3	DIRECTIONS3	CONDITION3	FIRSTNAME3 LASTNAME3
MED1	DIRECTIONS1	CONDITION1	FIRSTNAME1 LASTNAME1
MED2	DIRECTIONS2	CONDITION2	FIRSTNAME2 LASTNAME2
MED3	DIRECTIONS3	CONDITION3	FIRSTNAME3 LASTNAME3
MED4	DIRECTIONS3	CONDITION3	FIRSTNAME3 LASTNAME3

Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

Allergies:

ALLERGYNAME1 - REACTION1
ALLERGYNAME2 - REACTION2
ALLERGYNAME3 - REACTION3
ALLERGYNAME4 - REACTION4-1, REACTION4-2, REACTION4-3

Side effects I have had:

SIDEEFFECT1 - REACTION1, REACTION2
SIDEEFFECT2 - REACTION1

Other information:

These are the additional notes to be printed in Other Information section after PML.
llanfairpwllgwyngyllgogerychwyrndrobwllllantysiliogogogoch.co.ukllanfairpwllgwyngyllgogerychwyrndrobwl
lllantysiliogogogoch.co.ukllanfairpwllgwyngyllgogerychwyrndrobwllllantysiliogogogoch.co.uk

My notes and questions:

CarePlus
HEALTH PLANS

Discrimination is Against the Law

CarePlus Health Plans, Inc. ("CarePlus") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CarePlus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CarePlus:

- Provides free assistance and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats
- Provides free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number on the back of your Member ID Card or contact Member Services using the information below.

If you believe that CarePlus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CarePlus Health Plans, Inc.
Attention: Member Services Department
11430 NW 20th Street, Suite 300
Miami, FL 33172

Telephone: 1-800-794-5907 (TTY users should call 711)
8 a.m. to 8 p.m., 7 days a week
From February 15th to September 30th, we are open Monday-Friday from 8 a.m. to 8 p.m.

Fax: 1-800-956-4288

You can file a grievance in person or by mail, phone or fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the contact information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800–368–1019; 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

CarePlus
HEALTH PLANS

La discriminación es contra la ley

CarePlus Health Plans, Inc. ("CarePlus") cumple con las leyes federales de derechos civiles correspondientes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. CarePlus no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

CarePlus:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes capacitados de lenguaje de señas
  - Información escrita en otros formatos
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, cuando dichos servicios son necesarios para proporcionar un acceso significativo, como los siguientes:
  - Intérpretes capacitados
  - Información escrita en otros idiomas

Si necesita recibir estos servicios, llame al número que se encuentra en la parte posterior de su tarjeta de identificación de afiliado o comuníquese con Servicios para Afiliados usando la información a continuación.

Si considera que CarePlus no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja con:

CarePlus Health Plans, Inc.
Atención: Departamento de Servicios para Afiliados
11430 NW 20th Street, Suite 300
Miami, FL 33172

Teléfono: 1-800-794-5907 (los usuarios de TTY deben llamar al 711)
8 a.m. a 8 p.m., los 7 días de la semana. A partir del 15 de febrero hasta el 30 de septiembre, el horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

Fax: 1-800-956-4288

Puede presentar la queja en persona, por correo postal, teléfono o fax. Si necesita ayuda para hacer la queja, nuestros representantes de Servicio para Afiliados están a su disposición usando la información de contacto detallada anteriormente.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services, Office for Civil Rights) de manera electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800–368–1019; 800-537-7697 (TDD)

Puede obtener los formularios de quejas en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-794-5907 (TTY:711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-794-5907 (TTY:711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-794-5907 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-794-5907 (TTY:711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-794-5907 (TTY:711) 번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-794-5907 (TTY:711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-794-5907 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-794-5907 (TTY: 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-794-5907 (ATS: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-794-5907 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-794-5907 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-794-5907 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-794-5907 (TTY: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-794-5907 (TTY:711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-794-5907 (TTY:711).

Diné Bizzad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-794-5907 (TTY:711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-794-5907 (رقم هاتف الصم والبكم: 711).

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