

# Provider and Pharmacy Directory

- ❖ *[Distribution Note: Plans must provide a Directory to each member upon enrollment. Refer to the Medicare Marketing Guidelines for more detailed instructions.]*
- ❖ *[If the state does not use the word “Medicaid”, plans should replace it with the name the state uses.]*
- ❖ *[If plans do not use the term “Member Services”, plans should replace it with the term the plan uses.]*
- ❖ *[Plans should note that any reference to a “Member Handbook” is a reference to the Evidence of Coverage document.]*
- ❖ *[This is an integrated directory; plans should include all providers that are contracted in their networks; this includes providers of Medicare, Medicaid, and supplemental services.]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

## <Plan Name>

### Provider and Pharmacy Directory

<Plan's legal or marketing name> is a health plan with a Medicare contract and a contract with <name of [State] Medicaid program>. Benefits, formulary, pharmacy and provider network, [premium,] [and/or copayments] may change on January 1 of each year.

This Directory lists health care professionals (such as doctors, nurse practitioners and psychologists) or facilities (such as hospitals or clinics) that you may see as a <plan name> member. We also list the pharmacies that you may use to get your prescription drugs. We will refer to this group as "network providers" in this Directory. This is a list of <plan name>'s network providers for [describe the plan's service area]. [Include a list of counties and cities/towns.]

The list is up to date as of <date of publication>, but you need to know that:

- Some network providers may have been added or removed from our network after this Directory was printed.
- Some providers may not be accepting new members. If you are having trouble finding a provider who will accept new members, call Member Services at <toll-free number> and we will help you.

→ To get the most up-to-date information about <plan name>'s network providers in your area, visit <web address> or call our [Customer or Member] Service Department at <toll-free phone number>, <days and hours of operation>. The call is free. [TTY/TDD: <phone number>]

Network doctors and health care professionals are listed on pages <page numbers>. Pharmacies are listed on pages <page numbers>.

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

# Providers

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## Getting started in<plan name>

You can get services from any network provider who is accepting new members. First, you *[will need to or should]* choose a Primary Care *[insert term the plan uses (e.g., Provider, Physician)]*.

A Primary Care *[insert term the plan uses (e.g., Provider, Physician)]* (PCP) is a *[plans should include examples as they see fit]* that gives you routine health care. *[Plans that use integrated Primary Care Teams should explain the composition of the teams and how they work.]*

Here is what a PCP will do for you:

- Your PCP will keep your medical records and get to know your health needs over time.
- Your PCP will work closely with the <care coordinator> *[Plans should change “care coordinator” to the term used by the State and/or plan]* and care team.
  - Your <care coordinator> helps you manage all your providers and services. They work with your care team to make sure you get the care you need.
  - Your care team includes *[plans should describe the care team as appropriate to the plan]*. Everyone on the care team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so they can reduce any negative effects. Your PCP will always have your permission before sharing your medical information with other providers.
- *[Health plans should include this sentence if applicable to plan arrangement: Your PCP will also help you find another provider if you need to see a specialist or other provider. That way, you will see the right provider to help you with your concerns.]*

*[If applicable, Health plans should describe requirements for referrals here.]*

You will never be required to get a referral or authorization from <plan name> for emergencies, urgently needed care when the network is not available (generally, when you are out of the area), out-of-area dialysis services, or *[plans may insert additional exceptions as appropriate]*.

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Getting long-term services and support

You may be able to get long-term services and support (LTSS) such as *[health plan should provide examples of services]* and more as a <plan name> member. Long-term services and supports give assistance to help you stay at home instead of going to a nursing home or hospital. *[Include information regarding calling the service coordinator to access LTSS.]*

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## Choosing a Primary Care *[insert term the plan uses (e.g., Provider, Physician)]* (PCP) *[If appropriate, plans should include: or Integrated Primary Care Team]*

A Primary Care *[insert term the plan uses (e.g., Provider, Physician)]*, or PCP, is described in the “Getting started in <plan name>” section of this Pharmacy and Provider Directory.

You *[will need to or should]* choose a network provider to be your Primary Care *[insert term the plan uses (e.g., Provider, Physician)]*, or PCP. Directions for choosing a PCP: *[Plans should explain PCP in the context of their plan type.]*

- If you want help in choosing a PCP, please call our *[Customer or Member]* Service Department at <phone number>, <days and hours of operation>. The call is free. *[TTY/TDD: <phone number>]*. Or, visit <web address>.
- If you have questions about whether we will pay for any medical service or care that you want or need, call Member Services to ask—*before* you get the service or care.

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Identifying network providers

*[Plans should insert only if they require referrals for any services.]* You may need a referral to see someone who is not a primary care *[insert term the plan uses (e.g., Provider, Physician)]*. There is more information about referrals in the “Getting started in <plan name>” section of this Provider and Pharmacy Directory).

*[HMO plan types must include the following language.]* You must get all of your covered services from network providers. If you go to providers who are not in the <plan name> network, you will have to pay the bill. The only exceptions are emergencies, urgently needed care when the network is not available (generally, when you are out of the area), out-of-area dialysis services, *[plans may insert additional exceptions as appropriate]* and cases in which <plan name> authorizes use of out-of-network providers.

*[PPO plan types must include the following language.]* <Plan name> will allow you to get services from providers who are not in our network. You *[may or must]* pay more for *[some]* services you get from providers who are not in our network. *[Plan may provide more information about access to covered services out-of-network in their PPO model.]*

*[HMOPOS plan types must provide information about which services must be obtained from network providers, which services can be obtained out-of-network under the POS benefit, and any differences in cost sharing for covered services obtained out-of-network under the POS benefit.]*

→ You may change providers within the network at any time. If you have been going to one network provider, you do not have to keep going to that same provider. *[Plans should modify or add language with plan specific rules about PCP changes. Plans should include the following language if appropriate: For some providers, you may need a referral from your PCP.]*

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## Finding<plan name> providers in your area

*[Plan sponsors should describe how an enrollee can find a network provider nearest his or her home relative to the organizational format used in the provider Directory.]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## List of Network Providers

*[Plans must add non-English languages spoken and an indication for providers not accepting new patients. This is required of all plans. This applies, at a minimum, to PCP's, specialist and hospitals, but is recommended for all provider types.]*

*[Note: Plans that provide additional or supplemental benefits should create a category or categories of providers offering these additional or supplemental benefits and list the providers.]*

*[Show the total number of each type of provider (e.g., PCP, specialist, hospital, etc.).]*

**Recommended organization:** *[Plans are required to include all of the following fields, but have discretion regarding the organizational lay-out used.]*

**1. Type of Provider** *[PCPs, Specialists, Hospitals, Skilled Nursing Facilities, Nursing Facilities, Mental Health Providers, Long term Service and Support Providers, and Pharmacies where outpatient prescription drugs are offered by the plan. Note: All of these provider types are required to be listed in the same provider Directory.]*

**2. County** *[Listed alphabetically]*

**3. City** *[Listed alphabetically]*

**4. Neighborhood/Zip Code** *[Optional: For larger cities, providers may be further subdivided by zip code or neighborhood.]*

**5. Provider** *[Listed alphabetically]*

You may receive services from any of the providers on this list. *[Plans should include the following language if referrals are required under the plan: For some, you may need a referral from your PCP.]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

*[Sample formatting:]*

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## Primary Care Physicians

**Arizona|** Mohave County

**Kingman** 86401

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<Physician Name>

<Physician Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Specialists

*[Specialty Type]*

**Arizona| Mohave County**

**Kingman 86401**

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<Physician Name>

<Physician Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Hospitals

**Arizona| Mohave County**

**Kingman 86401**

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<Hospital Name>

<Hospital Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Skilled Nursing Facilities (NF)

Arizona| Mohave County

Kingman 86401

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<NF Name>

<NF Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Nursing Facilities (NF)

Arizona| Mohave County

Kingman 86401

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<NF Name>

<NF Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Mental Health Providers

Arizona| Mohave County

Kingman 86401

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<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Long Term Services and Supports:

*[Customize per State-specific LTSS (e.g., Adult Day Services); plans can add as many categories as necessary]*

**Arizona|** Mohave County

**Kingman 86401**

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<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Long Term Services and Supports:

*[Customize per State-specific LTSS (e.g., Assisted Living)]*

**Arizona| Mohave County**

**Kingman 86401**

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<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Long Term Services and Supports:

*[Customize per State-specific LTSS (e.g., Consumer Directed Services)]*

**Arizona| Mohave County**

**Kingman 86401**

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<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Long Term Services and Supports:

*[Customize per State-specific LTSS (e.g., Home Delivered Meals)]*

**Arizona| Mohave County**

**Kingman 86401**

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<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Long Term Services and Supports:

*[Customize per State-specific LTSS (e.g., Home Health Agencies)]*

Arizona| **Mohave County**

**Kingman 86401**

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<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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**[Optional: Create categories for network providers not in the categories above]**

**<Provider Name>**

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Optional: Web and e-mail addresses]*

*[Optional: Indicate whether the provider supports electronic prescribing.]*

*[Optional: Indicate whether the provider is handicapped accessible]*

*[Indicate whether the provider is accepting new patients]*

*[List non-English languages]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

## Pharmacies

This Directory provides a list of <Plan Name>'s network pharmacies. Network pharmacies are pharmacies that have agreed to provide prescription drugs to you as a member of the plan.

*[If a plan lists pharmacies in its network but outside the service area, it must use this disclaimer:]*

We also list pharmacies that are in our network but are outside <geographic area>. Please contact <plan name> at <phone number>, <days and hours of operation>, for additional information.

- <plan name> members must use network pharmacies to get prescription drugs.
- You must use network pharmacies except in emergency or urgent care situations. If you go to an out of network pharmacy for prescriptions when it is not an emergency, you will have to pay out of pocket for the service. Read the <plan name> Member Handbook for more information.
- Some network pharmacies may not be listed in this Directory
  - Some network pharmacies may have been added or removed from our network after this Directory was printed.

For up to date information about <plan name> network pharmacies in your area, please visit our Web site at <web address> or call our Member Services at <phone number>, <days and hours of operation>. The call is free. [\[TTY/TDD: <TTY/TDD number>.\]](#)

To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Member Handbook and <plan name>'s *List of Covered Drugs*. [\[Insert information about where members can find the List of Covered Drugs.\]](#)

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Identifying network pharmacies

Along with retail pharmacies, your plan's network includes:

- *[Plans should only insert if they include mail-order pharmacies in their network.]* Mail-Order Pharmacies
- Home Infusion Pharmacies
- Long-Term Care Pharmacies
- *[Plans should only insert if they include I/T/U pharmacies in their network.]* Indian Health Service / Tribal/ Urban Indian Health Program (I/T/U) Pharmacies
- *[Plans should insert any additional pharmacy types in their network.]*

→ You are not required to continue going to the same pharmacy to fill your prescriptions. You can go to any of our network pharmacies.

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## Longer day supplies of prescriptions

*[Plans should include only if they offer extended day supplies at any pharmacy location. Plans should modify the language below as needed, consistent with their approved extended day supply benefits.]*

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a <number>-day supply of your prescription drugs sent directly to your home. A <number>-day supply has the same copayment as a one-month supply.
- **<number>-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a <number>-day supply of covered prescription drugs. A <number>-day supply has the same copayment as a one-month supply.

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## <Plan Name>'s Network Pharmacies

**Recommended organization:** *[Plans are required to include all of the following fields, but have discretion regarding the organizational lay-out used.]*

1. **Type of Pharmacy** *[Retail, Mail Order, Home Infusion, LTC, I/T/U]*
2. **State** *[Include only if Directory includes multiple states]*
3. **County** *[Listed alphabetically]*
4. **City** *[Listed alphabetically]*
5. **Neighborhood/Zip Code** *[Optional: For larger cities, pharmacies may be further subdivided by zip code or neighborhood.]*
6. **Pharmacy** *[Listed alphabetically]*

*[Note: Plans must indicate how types of pharmacies can be identified and located relative to organizational format.]*

*[Note: Plans must indicate when a pharmacy is not available to all members. If symbols are used, a legend must be provided.]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Retail Pharmacies

Arizona| Mohave County

Kingman 86401

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**<Pharmacy Name>**

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Web and e-mail addresses are optional]*

*[Optional: <Special Services:>] [Note: Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared.]*

*[Note: Indicate whether the pharmacy provides an extended day supply of medications]*

*[Optional: <days and hours of operation>]*

*[Note: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day.]*

*[Optional: Indicate if pharmacy supports electronic prescribing.]*

*[Note: You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the Directory simply states, "Open 24 hours."]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## Chain Pharmacies

*[In lieu of providing addresses for all locations, chains may provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. If the chain pharmacy does not have a toll-free number, plans should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then plans must list each plan's chain pharmacy and phone number in the Directory. If the chain pharmacy does not have a TTY/TDD number, plans are instructed to list the TRS Relay number 711. Plans should not list their own Member Services number as a pharmacy phone number or TTY/TDD number.]*

### <Chain Pharmacy Name>

<Toll-free number/central number for the pharmacy chain>

<TTY/TDD number/TRS Relay number 711>

*[Web and e-mail addresses are optional]*

**[Note:** *Indicate whether the pharmacy provides an extended day supply of medications.]*

*[Optional: List network pharmacies that support electronic prescribing.]*

**[Note:** *You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the Directory simply states, "Open 24 hours."]*

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**If you have questions,** please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information,** visit <web address>.

This information is available for free in other languages. Please contact Member Services at <toll-free number>, TTY: <toll-free number>, <days and hours of operation>.

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## ***[Include if applicable: Mail Order Pharmacy(ies)***

**<Pharmacy Name>**

<Toll-free number>

<Toll-free TTY/TDD number>

*[Web and e-mail addresses are optional]*

*[Optional: List network pharmacies that support electronic prescribing.]*

*[Note: You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the Directory simply states, "Open 24 hours."]*

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## **Home Infusion Pharmacies**

*[Note: Plans should provide any additional information on home infusion pharmacy services in their network and how enrollees can get more information.]*

**<Pharmacy Name>**

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Web and e-mail addresses are optional]*

*[Optional: List network pharmacies that support electronic prescribing.]*

*[Note: You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the Directory simply states, "Open 24 hours."]*

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**If you have questions**, please call <plan name> Member Services at <toll-free phone number>, <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

**For more information**, visit <web address>.

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## Long-Term Care Pharmacies

Residents of a long-term care facility, such as a nursing home, may access their prescription drugs covered under <plan name> through the facility's pharmacy or another network pharmacy.

*[Note: Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information.]*

### <Pharmacy/Long-Term Facility Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Web and e-mail addresses are optional]*

*[Optional: List network pharmacies that support electronic prescribing.]*

*[Note: You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the Directory simply states, "Open 24 hours."]*

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## Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies *[Note: This section applies only if there are ITU pharmacies in the service area.]*

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through <Plan Name>'s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to go to these pharmacies under limited circumstances (e.g., emergencies).

*[Note: Plans should provide any additional information on I/T/U pharmacy services in their network and how enrollees can get more information.]*

### <Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Web and e-mail addresses are optional]*

*[Optional: <Special Services such as: Home Delivery, Drive Thru, Compounds Prepared>]*

*[Optional: <days and hours of operation>]*

*[Note: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day.]*

*[Optional: List network pharmacies that support electronic prescribing.]*

*[Note: You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the Directory simply states, "Open 24 hours."]*

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## Network Pharmacies outside the <Geographic Area> *[Plans' inclusion of category is optional.]*

You can get your drugs covered at any of our network pharmacies. This includes our network pharmacies outside of our service area.

### <Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Web and e-mail addresses are optional]*

*[Optional: List network pharmacies that support electronic prescribing.]*

*[Optional: <Special Services such as: Home Delivery, Drive Thru, Compounds Prepared>]*

*[Optional: <days and hours of operation>]*

*[Note: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day.]*

*[Optional: List network pharmacies that support electronic prescribing.]*

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**[Optional: Create categories for additional types of network pharmacies not encompassed in the categories above.]**

**<Pharmacy Name>**

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

*[Web and e-mail addresses are optional]*

*[Optional: List network pharmacies that support electronic prescribing.]*

*[Optional: <Special Services such as: Home Delivery, Drive Thru, Compounds Prepared>]*

*[Optional: <days and hours of operation>]*

**[Note:** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day.*]

*[Optional: List network pharmacies that support electronic prescribing.]*

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