

THE UNIVERSITY OF TEXAS AT SAN ANTONIO

PROSPECTIVE AFFILIATION AGREEMENT

Agency / Facility Information Sheet

This information collected on this sheet will be used to complete a formal agreement with your institution.

Today's Date: 10/12/2018

Agency Name: Prescription Laboratory

Address: 205 Windcrest Suite 160 Fredricksburg, TX 78249

Phone Number: 830-997-2163

Email address: rxlab@yahoo.com

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached.

Prescription Laboratory is more than just a community retail pharmacy. Pharmacists can be the most accessible health care professional for the general public, where patients can receive immediate care. Besides processing prescriptions for the general public, we also provide immunizations and medication therapy management. Prescription Laboratory will deliver to a patient's residence or to the hospital at the time of discharge.

2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name Richard Terry Title/Responsibility Owner/Pharmacists

Phone # 830-957-2163 Office Address: 205 Windcrest Suite 160 Fredricksburg, TX 78249

Email: rxlab@yahoo.com _____ Type of Company (LLC, Non-for Profit, etc.): LLC

3. Briefly describe the internship experiences available with your facility/agency.

- Assisting customers with over the counter medications and supplies
- Ordering and restocking over the counter medications and supplies
- Delivering medication orders to patients
- Insurance billing for prescriptions
- Reconciliation of insurance's explanation of benefits
- Organizing long term care orders for delivery
- Filing written prescription orders for insurance audits
- REtrieving written prescription orders for insurance audits
- Guidance on receiving a Pharmacy Technician Certificate

4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position?

Yes restrictions set by Stateboard of Pharmacy

5. Is your organization a HIPPA covered agency? **YES X** NO _____

6. Do you require background checks for the interns? Yes _____ **NO X**

7. Are you available for Fall 20 hrs/wk YES, Spring 20 hrs/wk YES, and Summer 30 hrs/wk YES ?