

# Specialty Pharmacy Welcome Packet

UChicago Medicine AdventHealth Bolingbrook



# Table of Contents

- 3 Welcome**
  - 3 UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy Contact Information
- 4 Specialty Pharmacy Program**
  - 4 Benefits Investigation
  - 4 Prior Authorization
  - 4 Financial Assistance
  - 5 Education
  - 5 Shipping
  - 5 Refills
  - 5 Adverse Drug Reactions
  - 5 Prescription Transfers
  - 5 Proper Disposal of Sharps
  - 6 Proper Disposal of Unused Medications
  - 6 Drug Substitution Protocols
  - 6 Follow-Up
  - 6 Emergency Preparedness
  - 6. Drug Recalls
  - 6. Concerns or Possible Problems
- 7 Patient Bill of Rights and Responsibilities**
- 8 UChicago Medicine AdventHealth Joint Notice of Privacy Practice**
- 9 Patient Forms**
  - 9 UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy Privacy Form
  - 10 Acknowledgement of Receipt
  - 10 Assignment of Benefits
  - 11 HIPAA Right of Access / Personal Representative Form for Family Member / Friend
  - 12 UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy Credit Card Authorization
  - 13 Pharmacy Record Release Form
  - 14 Patient Concern and Complaint Form
- 15 Our Health Equity Promise**

# Dear New Patient,

We would like to welcome you to **UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy**. Your doctor has prescribed a medicine that is a specialty medication, and we are here to help you work through this process. Some of our specialty pharmacy team are working in the clinic with your doctor. Others are working in the pharmacy in close contact with your doctor or nurse. Because we are a part of the UChicago Medicine AdventHealth system, we know your doctor and they know us. We work together to find a treatment plan that works for you. Your doctor and specialty pharmacy team stay in close contact throughout your treatment to be sure you are getting the best results possible.

We have achieved accreditation through The Accreditation Commission for Health Care (ACHC) for our commitment to meeting standards that facilitate a higher level of performance and patient care. This accreditation is effective through 11/18/2027.



We are excited to provide you with all your specialty pharmacy needs. If at any time you have further questions, please contact the pharmacy directly.

## Contact Information

500 Remington Blvd | Bolingbrook, IL 60440

Business Hours: Monday thru Friday, 9 am to 5 pm\*

Phone: 630-856-3991 or toll free 833-670-7171

Fax: 630-856-3992

Email: GLR.SPS@adventhealth.com

Thank you for choosing UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy. It is our honor to provide you with the best possible service.

Sincerely,

**The UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy Team**

*\*We are closed on weekends and all major holidays, including New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.*





## Specialty Pharmacy Program

### Benefits Investigation

When we receive a prescription for a specialty medication we will first find out if your insurance will pay for the medicine. If they will, we find out how much they will pay and how much the insurance company expects you to pay. We will tell you of any costs such as deductibles, co-pays and co-insurance before we fill your prescription. Your insurance company may also have rules about which pharmacy can fill your specialty medication. Also, a drug may only be available at a certain pharmacy.

### Prior Authorization

Very often your insurance company will not pay for a specialty medicine unless the doctor tells them why the medicine is being used. This is called a prior authorization. Our service can complete this process on behalf of your UChicago Medicine AdventHealth doctor. Prior authorizations may take several business days and sometimes must be appealed. The Specialty Pharmacy will do everything we can to make sure you get your medication in a timely manner.

### Financial Assistance

Sometimes your insurance company will only pay for part of the medication leaving you to pay the rest. This can be a lot of money. Our service works with the makers of your specialty medicines to find ways to make your medicine more affordable. We also work with non-profit organizations that provide grants to help pay for medicines. When we have finished looking at all the options, we will call you and talk with you about how much the medicine will cost and if this is affordable for you. If you do not have insurance or need help with your part of the cost, we will work with the maker of the medicine and non-profit organizations to help you get your medicine. You may have to fill out more paperwork and provide income information to get this financial help.

### Education

Our pharmacy wants you to understand why your doctor chose your specialty medicine. Our pharmacists will talk with you about your condition, medicine, and any side effects the medicine may cause. The pharmacists will also let you know the best way to take the medicine so that you will have the best possible result with fewer side effects. Please call us if you have any side effects at 630-856-3991 or toll free at 833-670-7171. You will also receive written information about your medicine to help you understand more about your medicine.

### Shipping

Our specialty Pharmacy provides free shipping to any postal address within the state of Illinois to our patients as well as pick up at any of our UChicago Medicine AdventHealth Pharmacy locations during normal business hours. We want you to be able to get your medicine when you need it without having to worry. If your medicine is one that you must inject, a disposal container and other supplies will be provided. If your medication requires refrigeration, we will ship it in special packaging that stores the medicine at the right temperature during shipping. Once you receive the package, immediately take the medication out of the box, and store it at the temperature on the bottle. If the package looks damaged or is not at the right temperature, please call us immediately at 630-856-3991 or toll free 833-670-7171.

### Refills

You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a patient care coordinator or pharmacist to process your refill requests. Our staff will work directly with your doctor and insurance company to get your medicine covered. If needed, we can help you get a refill for lost or stolen medication or if you need extra medication for a vacation.

### Adverse Drug Reactions

If you are experiencing adverse effects to the medication, please contact your doctor or the pharmacy at 630-856-3991 or 833-670-7171 as soon as possible. For severe allergic reactions, call 911 for immediate care.

### Prescription Transfers

If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to a specialty pharmacy of your choice. Please call us to discuss transferring your prescription at 630-856-3991 or toll free 833-670-7171. If our pharmacy can no longer fill your medication due to changes in your insurance or other reasons, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.

### Proper Disposal of Sharps

Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the pharmacy if you are prescribed an injectable medication. For those needing to dispose of needles, you may visit [www.safeneedledisposal.org](http://www.safeneedledisposal.org) and click on your state for information.

## Proper Disposal of Unused Medications

Because we care about your safety and our environment, we ask that you dispose of your unused medications properly. You may visit [www.disposemy meds.org](http://www.disposemy meds.org) to find a drop-off location near you. For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

## Drug Substitution Protocols

From time to time, it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a team member will contact you prior to shipping the medication to inform you of the substitution.

## Follow-Up

Once you have your medicine, our service will continue to work with you. We are here to answer any questions you may have. You will receive an outreach call when it is time to refill your medicine. If you are out of refills, we will contact your doctor for a new prescription. We want you to have the best results possible, so we are here to encourage you and work through any problems with you. You may call us at any time with questions about your treatment or your medicines at 630-856-3991 or toll free 833-670-7171 and one of our team members will be happy to help you. A pharmacist is available 24 hours a day by calling 833-670-7171. In an emergency, please contact your local emergency service by dialing 911.

## Emergency Preparedness

In the event of a disaster (such as a flood or tornado or other emergency) in your area, contact UChicago Medicine AdventHealth Specialty Pharmacy at 630-856-3991 or toll free 833-670-7171 to tell us how to deliver your medication. This will make sure your therapy is not interrupted.

## Drug Recalls (*Medication that needs to be sent back*)

If your medication must be sent back, the specialty pharmacy will contact you with instructions that have been given by the FDA or drug manufacturer.

## Concerns or Possible Problems

We want you to be completely satisfied with the care we provide. If you have any concerns with your medication, the services we provide, or any other problems with your order, call us and speak to one of our staff members.

Patients and caregivers have the right to make complaints and give feedback about the services of the UChicago Medicine AdventHealth Specialty Pharmacy. Patients and caregivers can make complaints by phone, fax, writing, or email.

## Patient Bill of Rights and Responsibilities

### As our patient, you have the RIGHT to:

Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care

Be informed, in advance of care/service being provided and their financial responsibility

Receive information about the scope of services that the organization will provide and specific limitations on those services

Participate in the development and periodic revision of the plan of care

Refuse care or treatment after the consequences of refusing care or treatment are fully presented

Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable

Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality

Be able to identify visiting personnel members through proper identification

Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property

Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal

Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated

Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)

Be advised on the agency's policies and procedures regarding the disclosure of clinical records

Choose a healthcare provider, including an attending physician\*, if applicable

**As our patient, you have the RIGHT to (cont.):**

Receive appropriate care without discrimination in accordance with physician's\* orders, if applicable

Be informed of any financial benefits when referred to an organization

**Patients have the RESPONSIBILITY to:**

Notify your Physician and the Pharmacy of any potential side effects and/or complications

Submit forms that are necessary to receive services

Provide accurate clinical, medical, and contact information and to notify the pharmacy of any changes

Notify the pharmacy of any concerns about the care or services provided

Share your concerns and disagreements with health care recommendations and accept responsibility for health care decisions

Provide UChicago Medicine AdventHealth with complete and correct financial information and comply with agreed-upon payment plans

\*A physician or other licensed practitioner with prescribing authority

## UChicago Medicine AdventHealth Joint Notice of Privacy Practices

All patients seen at UChicago Medicine AdventHealth are asked to sign a Notice of Privacy Practices which applies to the Specialty Pharmacy. This notice can be viewed at [https://www.adventhealth.com/sites/default/files/assets/npp\\_corp\\_eng\\_web.pdf](https://www.adventhealth.com/sites/default/files/assets/npp_corp_eng_web.pdf) We will be glad to print one out for you on request.

## UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy Privacy Form

UChicago Medicine AdventHealth  
Specialty Pharmacy  
500 Remington Blvd  
Bolingbrook, IL 60440  
Phone: 630-856-3991  
Toll Free: 833-670-7171

The HIPAA regulations went into effect on April 1, 2024, and as a retail pharmacy, we are required **by law** to provide you with a notice of our Privacy Practices. We must have your signature on file to state that you have received the attached notice. After you have read the notice, please sign and mail this card back to **UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy**. We appreciate prompt return of your signature.

Thank you for your cooperation in this matter.

Sincerely,

UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Acknowledgement of Receipt *(Return via mail, email or fax)*

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please confirm that you received the UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy Welcome Packet by signing and sending back to us the following.

- Patient Acknowledgement & Assignment of Benefits
- HIPAA Rights of Access
- Credit Card Authorization

### Completed forms may be mailed to:

UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy  
500 Remington Blvd,  
Bolingbrook, IL 60440

FAX: 1-630-856-3992 | Email: GLR.SPS@adventhealth.com

With my signature below, I hereby acknowledge receipt of the above-mentioned forms.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## Assignment of Benefits

I hereby authorize UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment to UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy otherwise payable for me for all claims for such services provided or submitted prior to, or after, the date provided on this form. I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from said responsibility and imposes no obligation on UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy to collect money on my behalf.

**I have read, understand and agree to the Assignment of Benefits.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Address

## HIPAA Right of Access / Representative Form for Family Member/Friend

By signing below, I understand that I am identifying, authorizing, and granting permission to the Personal Representative identified below to have authority to access my protected health information (PHI) and to assist in my treatment by UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy as described below:

Representative's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Health Information to be Disclosed to the Representative upon Request:

- I understand that by completing this form I am allowing the release of any and all information held by UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy (including, but not limited to information about my medications, medical condition, billing records, and drug handouts) to be shared with and disclosed to my Personal Representative.
- I understand the information released could relate to the following: Family Planning/Abortion, Alcohol, drug, or substance abuse information, AIDS, HIV-related information (including AIDS related testing and results), Mental Health, Sexually Transmitted Disease/Venereal Disease information, Genetic information, and Tuberculosis.
- I understand that any information disclosed pursuant to this form may be re-disclosed to other parties and no longer protected by the privacy regulations.

### Duration of Access:

- I understand the designated Representative will have access to my information unless and until access is revoked by me.
- I understand that I may revoke this form and designation at any time by notifying UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy in writing. If the authorization is revoked, it will not have any effect on any actions taken by UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy prior to their receipt of the revocation.

I understand that signing this form is voluntary and that I do not have to sign this form. I understand that signing this form will not affect my ability to obtain treatment from UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy, any payment for treatment or enrollment or eligibility for benefits.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**UChicago Medicine AdventHealth Bolingbrook  
Specialty Pharmacy** *Credit Card Authorization (Return via mail or FAX)*

**UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy**

500 Remington Blvd, Bolingbrook, IL 60440  
Phone: 833-670-7171 | FAX: 630-856-3992 | Email: GLR.SPS@adventhealth.com

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Account Type (circle one):      Visa      MasterCard      AMEX

Credit Card Name: \_\_\_\_\_

Last Four Digits of Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-Code (3 digits on back) : \_\_\_\_\_

**Signature as it appears on card**

Please sign form and return to  
UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy  
at above address or  
FAX to 630-856-3992

Thank you,

UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy

**Pharmacy Record Release Form** *(Return via mail or fax)*

Paper (I understand that all records will be mailed unless specified)

Electronic: \_\_\_\_\_

Fax: \_\_\_\_\_

**The purpose of this request:**

Personal Request       Treatment (Continued Care)

Other: \_\_\_\_\_

**Request access and/or disclosure of Patient Prescription records for the following dates of service:**

\_\_\_\_\_  
Patient Signature: \_\_\_\_\_ Printed Patient Name: \_\_\_\_\_

LAP Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Request for Access has been:**

Granted     Partially Denied     Denied

If access is denied and patient requests review of denial, contact the Release of Information office below. Medical Records released/accessed:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Send to Release of Information:

**Email:** : GLR.SPS@adventhealth.com or **Fax:** 630-856-3992

**Mailing Address:** UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy  
500 Remington Blvd, Bolingbrook, IL 60440 | Phone: 833-670-7171

## Patient Concern and Complaint Form

If you are not completely satisfied with the care or services we have provided, we want to know about it. Call our Call Center with any concerns or problems with your medications or services at **833-670-7171**. If you wish to file a written complaint, you may do so using this form. If a complaint cannot be resolved verbally over the phone, it will be addressed via our company's policies and procedures regarding complaints through a formal process.

### Please mail or email the form to us.

Completed forms may be mailed to:  
 UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy  
 500 Remington Blvd, Bolingbrook, IL 60440 Bolingbrook, IL 60440  
**or Emailed to:** GLR.SPS@AdventHealth.com **or Faxed to:** 630-856-3992.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Regarding: \_\_\_\_\_

Employee Involved (if applicable): \_\_\_\_\_

Nature of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You or your representative may also file a complaint with the following organizations:

### Accreditation Commission for Health Care

Phone: 855-937-2242  
<https://www.achc.org/contact/>

### Illinois Department of Public Health

Phone: 800-252-4343 (TTY for the Hearing Impaired Only - 800-547-0466)  
<https://dph.illinois.gov/topics-services/health-care-regulation/complaints.html>

# Our Health Equity Promise

## Patient Protection and Affordable Care Act: Section 1557

Our Health Equity Promise applies to AdventHealth's practices and that of:

Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others.

All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.

All employees, staff, students, volunteers and other personnel of AdventHealth facilities.

AdventHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AdventHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AdventHealth provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AdventHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 800-906-1794/TTY: 407-200-1388.

If you believe AdventHealth 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 or request that someone assist you with filing a grievance by calling 800-906-1794/TTY: 407-200-1388 or emailing us at [patientrequest@adventhealth.com](mailto:patientrequest@adventhealth.com).

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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://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 [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

The statements below direct people whose primary language is not English to translation assistance:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-906-1794/TTY: 407-200-1388.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-906-1794/TTY: 407-200-1388.

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 800-906-1794/TTY: 407-200-1388。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-906-1794/TTY: 407-200-1388.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-906-1794/TTY: 407-200-1388.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-906-1794/TTY: 407-200-1388.

ملحوظة: إذا كنت تتحدث اذكي اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 800-906-1794/TTY: 407-200-1388

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-906-1794/TTY: 407-200-1388

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-906-1794/TTY: 407-200-1388.

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 800-906-1794/TTY: 407-200-1388.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-906-1794/TTY: 407-200-1388.

સમુના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન નં: 800-906-1794/TTY: 407-200-1388.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-906-1794/TTY: 407-200-1388.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800-906-1794/TTY: 407-200-1388.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 800-906-1794/TTY: 407-200-1388

توجه: اگر شما فارسی، خدمات کمک زبان، را بکام صحبت می کنند، در دسترس شما هستند. پاسخ 800-906-1794/TTY: 407-200-1388

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-906-1794/TTY: 407-200-1388.

ຢືດ ຊາບ : ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 800-906-1794/TTY: 407-200-1388.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-906-1794/TTY: 407-200-1388.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-906-1794/TTY: 407-200-1388.





**UChicago  
Medicine**



**Advent Health**  
Bolingbrook

**Specialty Pharmacy**

500 Remington Blvd, Bolingbrook, IL 60440