



**Stacks Pharmacy are the preferred pharmacy service provider in the nursing home. We provide a fully managed 7 day a week pharmacy service with a 24 hour on call service for all medication needs.**

**Stacks Pharmacy does not charge nursing home residents for the provision of the daily pharmacy service. We are only paid for the medication supplied with all daily supports services provided at no charge.**

**Within the scope of our pharmacy service to your Nursing Home, we provide at no charge:**

- **Free collection of your prescription from nursing home or GP surgery**
- **Free daily delivery of medication 364 days of the year**
- **Pharmacist visits for Medication Reviews with your GP and nursing staff**
- **Pharmacist visits for resident consultations, staff training**
- **24 Hour on call emergency service for nursing home nursing staff and GP's etc.**

Our aim is that the pharmacy service is provided in the most cost effective and hassle free way for all nursing home residents and their families.

We only invoice for the medication that we provide to a resident. There are no pharmacy service charges for residents or their families.

In order that we can maintain this policy, it is vital that we can minimize our operating costs in providing the daily service.

To assist us with this, we are now moving to direct debit as the primary payment method for pharmacy accounts

### **Payment by Direct Debit**

Direct debiting is a simple reliable and economical way of settling the pharmacy account. We have enclosed an Instruction to your Bank (see reverse) authorizing them to pay us from your nominated bank account.

**Note:**

**You will ALWAYS receive the pharmacy invoice by post in advance of the direct debit transfer.**

**Please complete the information below and also the Direct Debit Instruction (see over) and return to us in the enclosed FREEPOST envelope.**

### **Pharmacy Account Contact Details**

**Resident Name:** .....

**Nursing Home Name:** .....

**Contact Name:** .....

**Contact Address:** .....

**Contact Phone Number or Email:** .....

