



ELIMINATING HEALTH AND WELLNESS
BARRIERS FOR THE UNDERSERVED

Dear Medical Provider,

Fredericksburg Area Health and Support Services (FAHASS) provides health and wellness services to underserved populations in our community. To help us fund our work, your patient would like to use our pharmacy to fill their prescribed medications. To become eligible for our pharmacy program, we must have a collaborative agreement with this patient's medical provider on file.

In an effort to document our relationship, we have prepared the enclosed Collaborative Agreement. Please review the agreement and if you have any questions or concerns, feel free to contact one of our pharmacy coordinators (**Jason Knight** or **Patrick Vaughn** pharmacy@fahass.org) by phone at (540) 907-4555.

Otherwise, **please sign the agreement and return it via email or by fax at:**

(866) 573-0547 or lwilliams@curanthealth.com.

Thank you for all you do to keep our community healthy.

Sincerely,

Joseph Lyttle, Executive Director
Fredericksburg Area Health and Support Services
Mosaic Care Center
Pride Center FXBG

E-prescribe: Curant Health Florida (11001 Roosevelt Boulevard, Suite 1400, St. Petersburg, Florida 33716)

FAX: Curant Health Florida 866-573-0547

Paper prescriptions: Can be dropped off at Mosaic Care Center (10514 Wakeman Drive, Fredericksburg VA 22407)



FAHASS
4343 Plank Rd, Suite 100
Fredericksburg, VA 22407



Phone: (540) 907-4555
Fax: (540) 907-4318



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Collaborative Agreement for Pharmacy Services

This collaborative agreement serves to document the continuing referral relationship between Fredericksburg Area Health and Support Services (FAHASS) and _____, for pharmacy services for a mutual patient.

FAHASS will:

- Be the point of contact for pharmacy services for shared patients
- Conduct an eligibility assessment with the patients
- Maintain regular contact with patients
- Coordinate with medical provider regarding medication updates for treatment adherence (upon request)
- Link patients with necessary resources to access benefits and entitlements, housing, and other supportive services (if applicable)
- Maintain pharmacy files and records
- Comply with relevant privacy and confidentiality laws and agency policies

Medical provider will:

- Write medication prescriptions for patient (as needed)
- Contact FAHASS for assistance (as needed)
- Maintain patient medical records
- Comply with relevant privacy and confidentiality laws and agency policies

This agreement is not a legal or binding contract for services but will remain in effect for a period of two years from the date of the signatures.

Participant Acknowledgment

I understand that this program is intended to provide discounted medications for eligible individuals and that my eligibility may be reviewed or renewed annually.

Participant Signature: _____

Date: ____ / ____ / ____

Provider Signature: _____

Date: ____ / ____ / ____

NPI# (for paper prescriptions): _____

Please email or fax this form to: williams@curanthealth.com or 866-573-0547

Please send prescriptions to:

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