



Dear Camp Parents,

In our ongoing commitment to ensure the safety of our campers who take any medications while at camp, we have decided to work with (continue working with) [Pack My Rx](#).

[Pack My Rx](#) will package your child's medications in strips of individual pouches labeled with your child's name, medication(s), date, and time of day to administer. This distribution method is endorsed by the American Camp Association, as it helps nurses be better organized and helps avoid potential errors.

[Pack My Rx](#) will ship all medications on a monthly basis and any extra medication will be sent home with your camper.

Please complete your registration at packmyrx.com as early as possible, so that Pack My Rx can guarantee the timely arrival of medications to camp and avoid any late fees and/or expedited shipping fees.

In case camp cancels due to COVID 19, [Pack My Rx](#) will refund all registration fees.

[Pack My Rx](#) registration needs to be completed online. Please take extra care to enter all information accurately, to avoid any errors.

Listed below is all the information needed to register with [Pack My Rx](#):

1. Instructions on how to register
2. Instructions for your physician on how to send prescriptions to Direct Meds of Florida.
3. Instructions for your physician to authorize any over the counter medications to be packaged by Direct Meds of Florida.
4. Information about registration fees, prescription insurance, and late fees.

Please note that our camp asks that you use [Pack My Rx](#) for prescription medications. It is not mandatory to use [Pack My Rx](#) for: over the counter medications, vitamins, epi pens, or as needed medications.

Most of this information can also be found on the website packmyrx.com under the Camp Parents' tab and during the registration process.

If you have used [Pack My Rx](#) before, your login information remains the same.

Looking forward to an amazing summer!

Sincerely,

Lorrie and Devri Byrom



INFORMATION YOU NEED TO REGISTER

- Name of camp and which sessions your child will attend
- Parent's name, address, phone number and email address
- Child's full name and date of birth
- Physician's name, address, and phone number
- Current pharmacy name, address, and phone number
- Prescription insurance information: Rx ID, Rx Bin, Rx Group, Rx PCN, and phone number.
- Photo of the front and back of your insurance card.
- List of prescription medications with instructions
- List of over-the-counter medications and supplements with instructions
- Drug allergies
- Credit card information and billing address

STEP BY STEP INSTRUCTIONS ON HOW TO REGISTER

CREATE AN ACCOUNT

1. Log on to [Packmyrx.com](https://packmyrx.com)
2. At the upper right corner, click on the "Get Started" button.
3. Enter your name and last name, email and create a password.
4. Select role: Camp Parent
5. After completing this first part, you will receive an email with a link to begin registration.

REGISTRATION

1. Click on the verification link you receive in your email to begin registration.
2. Enter the first 3 letters of your camp and select it from the drop-down menu.
3. For Camp Sessions: select session(s) your child will attend.
4. Fill out all required fields (with an *)
5. We require contact info for only one parent, but need at least 2 phone numbers.
6. If your contact information is international, there is a box you must check to be able to fill out your information.
7. If you would like Pack My Rx to bill your prescription insurance, it is important to fill out all the required information. If you do not know the Rx Bin, Rx Group, Rx ID, or Rx PCN, please call the number on your insurance card and find out this information.
8. It is also mandatory to submit a copy of your insurance card by uploading the photo of the front and back of the card. In case you have difficulty uploading the photos, they can be emailed to info@packmyrx.com.
9. If you have ongoing refills at your local pharmacy, we need the pharmacy information.
10. The information for each prescription and over the counter medication has to be entered separately and you must click on "save" after each one. When filling in medication information, please make sure everything matches what is written on the actual prescriptions. Please specify your preferred med times: (Breakfast, Lunch, Dinner or Bedtime)
11. Please understand that we require a doctor's authorization note for all over the counter medications, vitamins and supplements.
12. A credit card is needed to complete registration. The registration fee will be charged to that card and we will keep the encrypted number on file for any medication charges as well as any late fees. We do not accept FSA/HSA cards.
13. Please read all acknowledgements carefully, and click each box.
14. Click on "submit registration" to finish.



Please call or email Pack My Rx directly for any assistance.

Call: 888-598-6337

Email: info@packmyrx.com

PRESCRIPTION INSURANCE, FEES, AND OTHER PAYMENTS

PRESCRIPTION INSURANCE

- We accept most prescription insurance plans and co-payments should be similar to those at your local pharmacy.
- Once we receive your registration, we will verify coverage and notify you if we have any issues.
- We do not accept any Medicaid plans other than Florida's.
- We will make every effort to bill your insurance. In the event that prescriptions are not covered, you are responsible for any out of pocket cost which will be charged to your credit card.
- Although prescriptions usually cannot be filled until the monthly refill date, we will dispense the medication so it arrives on time to camp. Please understand that you cannot refill your child's medication while your child is away as this will cause your insurance to reject Direct Meds' insurance claim. If we cannot bill the insurance before shipping the medication, we will continue to try to bill your insurance for a maximum of 30 days after which we will charge your credit card the full retail price of the medication dispensed.

FEES

Registration Fee

- \$50 for kids going to camp for 30 days or less (1-month supply of medication)
- \$60 for kids going to camp for more than 30 days (2-months' supply of medication)
- Will be charged to your credit card when registration is submitted.

Late Fee

- \$10 will be charged to your credit card if we do not receive registration or prescriptions at least 30 days before camp starts.

Expedited Shipping Fee

- \$30 will be charged to your credit card if we do not receive registration or prescriptions at least 14 days before camp starts. This fee is also charged if your child has any medication changes that require a special shipment in the middle of a camp session.

Overnight Shipping Fee

- Cost of UPS Overnight Shipment

OTHER PAYMENTS

Medication Cost

- The registration fee does not include the cost of any medication. Any medication not covered by insurance, including co-payments and the cost of over the counter medications will be charged to your credit card.
- Please note that in the event that we cannot obtain a particular brand of supplement and parent sends them to us, we will charge a \$10 repackaging fee per supplement.



Dear Parents and Physicians,

Pack My Rx works exclusively with **Direct Meds of Florida Pharmacy**, to package medications in convenient strip pouches for Summer Camps.

Here is all the information you need to send us prescriptions and authorization forms for all OTC medications.

Prescriptions can be sent by: **E-Prescribe, Fax, Paper Rx, or Called in to the pharmacist to:**

Direct Meds of Florida Pharmacy

Phone: 954-454-8118 or
888-598-6337
Fax: 954-454-9898 (Must come from the physician's office)
Address: 800 E. Hallandale Beach Blvd. Suite 18
Hallandale Beach, FL 33009
NCPDP#: 1053456

Our pouches are labeled to be given at: BREAKFAST, LUNCH, DINNER, AND BEDTIME
Please specify when each medication should be given so we package them correctly.

"As Needed" medications are packaged separately

Prescription Medications

- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute". If brands are not covered by insurance, it will be up to the parents to decide if they wish to pay out of pocket.
- Prescriptions must be written for 30-days with refills to cover the entire summer. The date on the Rx must be at least 2 weeks before camp start date.
- We can package ½ pills.
- We provide all prescription medications, including Epi Pens, Diabetic Supplies, Birth Control, Inhalers, Oral Solutions, Eye Drops, Creams, Ointments, etc....; we do not dispense compounded growth hormones or any other compounded medications.

Controlled Substance Prescriptions

- Must be sent by either E-Prescribe or by mailing the original script to us. E Prescriptions are preferred, please look us up by name, zip code or NCPDP #.
- They must be prescribed for 30 days per script. Please send 2 scripts if camp lasts more than 30 days.
- We need to have the original script before we can dispense.
- Please make sure the physician's DEA# is on the script.

Over the Counter Medications and Supplements

- We require a doctor's note authorizing ALL over the counter medications and supplements. We have provided a form that you can fill out and fax to us.
- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute".
- If there are any supplements that we cannot obtain, parents can send them to us in their original sealed containers.
- Gummy supplements cannot be packaged in pouches, please substitute for chewable supplements.



Authorization Form

Use **ONLY** for

(NON-PRESCRIPTION)

Over-the-Counter Medications, Vitamins, and Supplements.

****DO NOT INCLUDE PRESCRIPTION MEDS ON THIS FORM****

It must be filled out and signed by a physician, and faxed to 954-454-9898.

Please Note:

1. Our pouches are labeled to be given at: **BREAKFAST, LUNCH, DINNER, AND BEDTIME.**

Please specify when each medication should be given so we package them correctly.

2. *Generic OTC's will be dispensed unless you specify: "Brand Name Only".

Child's Name:	DOB:
Camp Name:	
Physician's Name:	
Physician's Address:	
Physician's Phone Number:	
Drug Name, Strength, and Directions	Select Med Pass Time(s)
1.	Breakfast___Lunch___Dinner___Bedtime___PRN___
2.	Breakfast___Lunch___Dinner___Bedtime___PRN___
3.	Breakfast___Lunch___Dinner___Bedtime___PRN___
4.	Breakfast___Lunch___Dinner___Bedtime___PRN___
5.	Breakfast___Lunch___Dinner___Bedtime___PRN___
6.	Breakfast___Lunch___Dinner___Bedtime___PRN___
7.	Breakfast___Lunch___Dinner___Bedtime___PRN___
8.	Breakfast___Lunch___Dinner___Bedtime___PRN___
9.	Breakfast___Lunch___Dinner___Bedtime___PRN___
10.	Breakfast___Lunch___Dinner___Bedtime___PRN___
Physician's Signature	Date