Lifeline Medication Dispenser
Subscriber Activation Form and Services Agreement

Important: Please fax prior to installation with unit serial number to 1-888-632-3267

Program Name _____ Program Code {ProgramCode}

Client Type: ☐GSD ☐PP For GSD Clients: Payer ID _____ Sub ID {SubscriptionID}

Unit Serial # {PMDSerial#} Order ☐PERS ☐PMD ☐ MedMinder Have PERS: ☐Yes ☐No

Subscriber Name {FirstName} {LastName} Date of Birth _____

Street Address {SubAddress} Gender: ☐M ☐F

City {City} State {State} Zip Code {ZipCode}

Phone with Area Code {SubPhone} Time Zone: ☐ATL ☐EST ☐CST ☐MST ☐PST ☐AST ☐HI

Phone Service Type: ☐ Standard ☐ Internet ☐ Unknown ☐ Not Monitored

Contact Information *Caregivers selected for Alerts will be contacted in the following order:*

Phone Dial area code from phone? ☐Yes ☐No Contact for: ☐ Install ☐ Alerts ☐ Billing

Caregiver Name Relationship to User

Phone Dial area code from phone? ☐Yes ☐No Contact for: ☐ Install ☐ Alerts ☐ Billing

Caregiver Name Relationship to User

Phone Dial area code from phone? ☐Yes ☐No Contact for: ☐ Install ☐ Alerts ☐ Billing

Caregiver Name Relationship to User

Phone {CM_Fax} Dial area code from phone? ☐Yes ☐No Contact for: ☐ Install ☐ Alerts ☐ Billing

Caregiver Name {Case_Manager} Relationship to User {CM_Phone}

Medication Dose Schedule

Dose	Dose Time
1	☐AM ☐PM
2	☐AM ☐PM
3	☐AM ☐PM
4	☐AM ☐PM
5	☐AM ☐PM
6	☐AM ☐PM

Monday – Sunday: ☐YES ☐NO If No, please explain:

☐ Installer did not handle medications

Message Reminder Schedule (Use Key)

Message Time	Message#
☐AM ☐PM	#
☐AM ☐PM	#
☐AM ☐PM	#
☐AM ☐PM	#
☐AM ☐PM	#
☐AM ☐PM	#

Monday – Sunday: ☐YES ☐NO If No, please explain:

☐ Schedule has been verified as accurate

Medication Message List

0	No Message	12	Use Mouth Inhaler
1	Time for your insulin	13	Take your liquid meds (Note 2)
2	Take meds with food	14	Take on empty stomach
3	May cause drowsiness	15	No alcohol with meds
4	No food w/ meds for 2 hours	16	Don't drive with this med
5	Take extra fluids w/ meds	17	Take meds with milk
6	Change Catapress Patch	18	Time for your eyedrops
7	Change Estrogen Patch	19	Check blood sugar level
8	Change Duragesic Patch	20	Check blood pressure
9	Put on Nitro Patch (Note 1)	21	Use your nebulizer
10	Remove Nitro Patch (Note 1)	22	Remember your meal
11	Use Nasal Spray	23	Take your liquid meds (Note 2)

Note 1: Message is "Change Nitro Patch" on some machines
Note 2: Message not available on all machines

Installer Signature _____ **Date Installed** _____

By signing this Form and Agreement, I hereby (a) confirm the accuracy and completeness of the information provided in the Form above, (b) acknowledge that I have been provided with, have read and understand the "Terms and Conditions" that govern this Agreement, and (c) confirm that this Agreement accurately states the products and services I expect to receive hereunder.

Subscriber Signature _____ **Date Installed** _____

Caregiver Signature _____ **Date Installed** _____

200 Donald Lynch Blvd, 3rd Floor
Marlborough, MA 01752-4815
Tel: 1-800-451-0525
www.lifeline.com

To Call In: 1-888-632-3261
Fax Form to: 1-888-632-3267

p/n 0940570, Rev. 02

Lifeline

Lifeline Medication Dispenser (PMD) Installation Checklist

Support Center – 1-888-632-3261

Subscriber Name: _____ Subscriber Phone #: _____

Unit Serial Number: _____ Date: _____

Prior to Install:

1. Call Caregiver #1 to schedule the installation appointment
   A. Confirm that a Caregiver will be present for the installation
   B. Ask if the Subscriber uses a voice mail option provided by the phone company - **Yes** **No**
      - If **"Yes",** inform Caregiver that voice mail service should be turned off to support proper functioning of the PMD
      - If the Subscriber does not want to remove voice mail service, inform the Caregiver that the voice mail box must be cleared prior to install and may impact proper functioning of the PMD in the future.
   C. Confirm household address and any special directions to the home
   D. Ask the Caregiver to have a minimum of one week of medication on hand for the install
2. Enter the unit serial number on the **Subscriber Activation Form** and fax the form to 888-632-3267

Install:	
1. Greet the Subscriber and Caregiver and provide an overview of the installation process	
2. Provide the Subscriber with an overview of their role with the PMD	
3. Provide Caregiver with overview of their role with the PMD A. Organizing and loading the medications B. Explain Notifications and Alerts • The PMD will attempt to contact up to four phone numbers • The Caregiver will hear a prerecorded message with information about the problem • The Caregiver confirms receipt of the message by pressing "1" on their phone • If the Caregiver cannot be contacted a. The PMD will NOT leave a message b. The PMD will alert the PMD Support Center c. A Support Center Specialist will attempt to contact the Caregivers C. Provide an overview of the PMD keypad. The User Manual can be used as a reference.	
4. Verify and update the information on the Subscriber Activation Form A. Caregiver Information B. Medication Dose Schedule C. Message Reminder Schedule	
5. Call PMD Support Center at 1-888-632-3261 with all updates on the Subscriber Activation Form	
6. Identify a proper location for the unit (a flat surface, near a phone jack and an electrical outlet not controlled by a wall switch) A. Remove the packaging materials inside the unit B. Connect the unit's electrical cord to the back of the unit and an electrical outlet C. Connect the phone cord to the either phone jack on the back of the unit and a wall jack • A phone can be connected to the extra jack on the back of the unit D. Slide the power switch to the ON position **Reminder:** If installing 2 units, identify who the unit belongs to by placing a name label on each unit.	

7. Download the medication schedule. A. Verify that the date and time are correct. B. Explain this process must be repeated if the unit loses power or the medication schedule changes	
Caregiver Training:	
8. Guide the Caregiver through the medication loading process A. Set up the loading tray with one week's supply of cups – starting with the next dose of the day B. Have the Caregiver loads the pills into the cups C. Demonstrate the proper technique to secure the lids on the cups D. Have the Caregiver verify the medications and secure the lids E. Explain the possible causes for a jammed cup: • Double-stacked cups • Lid not secure on cup • Cup loaded right-side-up F. Demonstrate how to load cups upside-down G. Have the Caregiver press the Load key to begin the loading process	
9. Explain the procedure for dispensing early doses and clearing missed doses	
10. Refer to the User Manul and show where the procedures for changing medications and dose schedule are located	
11. Leave with the Caregiver: A. The medication loading tray B. The unused cups and lids C. The PMD User Manual, and the Quick Guide to Caregiver Alerts D. The PMD keys	
12. Inform the Caregiver to contact the Support Center to order additional supplies	
Installation Paperwork:	
13. Leave the Terms and Conditions with the Subscriber	
14. Leave the HIPAA privacy notice with the Subscriber	
15. Have the Caregiver and Subscriber sign the Subscriber Activation Form, leave a copy with the Caregiver, fax a copy to 888-632-3267, and mail the signed copy to Marlborough	
16. Have the Caregiver complete the signature information on the Installation Checklist. Mail a signed copy to Marlborough	
Additional Notes:	

Installers name:
(Print & Signature) _____ **Date:** _____

_____

Subscriber or Caregiver name:
(Print & Signature) _____ **Date:** _____

_____