



Rapps LTC Pharmacy
680 Bound Brook Road
Middlesex, NJ 08846
Phone: (908)821-9888
Fax: (908)755-1713

Dear Sir/Madam:

Welcome! Your facility has chosen Rapps LTC Pharmacy, one of the largest independent institutional pharmacies in New Jersey dedicated to specialized care, as your pharmacy provider. This letter is intended to introduce you to the services we offer and address common questions or concerns you may have.

Range of Services

At Rapps, we have developed and utilized specialized dispensing systems tailored to the needs of long-term care residents. These systems enable staff to administer medications easily and in accurate, measured doses—improving compliance, saving time, reducing medication errors, and simplifying the tracking of medication administration.

Through established practices and protocols, Rapps ensures the prompt delivery of medications, 24 hours a day, seven days a week.

Billing Services

Rapps Pharmacy strives to make the billing process as simple and efficient as possible. We directly bill most prescription plans, Medicare Part D, Medicaid, and other prescription insurance plans for eligible residents.

If a resident does not have such coverage—or if coverage requires co-payments or excludes certain items—Rapps will bill the responsible party on a monthly basis. While much of the billing information is obtained from the facility, it is the responsibility of the designated party to ensure that Rapps receives accurate, complete, and up-to-date coverage information. Payment is due upon receipt of the monthly bill.

Required Forms & Documentation

Enclosed you will find FACILITY CONTACT / NEW PATIENT INFORMATION FORM. To better serve you, please complete these forms and provide copies of any relevant billing information, such as prescription insurance, Medicaid, or Medicare coverage. This will allow us to properly bill the responsible parties and/or third-party payors for services rendered. Please return these forms along with a copy of the front and back of your insurance, Medicaid, and/or Medicare card. You may use the enclosed self-addressed envelope to mail them or fax the documents directly to us at (908) 755-1713.

Contact Us

If you have any questions or need assistance, please feel free to contact us at (908) 821-9888. Thank you for choosing Rapps Pharmacy for your medication needs. We look forward to serving you and supporting your residents with the highest level of care.

Sincerely,
Rapps LTC Pharmacy.



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FACILITY CONTACT / NEW PATIENT INFORMATION FORM

Please Include Consumer's Face Sheet and Insurance Card

Facility Information

Name of Facility:	
Program Nurse/Contact:	
Phone:	Fax:

Patient Information

Patient Name:	DOB:	
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Allergies:		

Responsible Party / Billing Information

Responsible Party Name:	DOB:	
Billing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	

Medication List

Add Prescription and/or Over-the-Counter PRN Medications to Resident Profile, or Provide the Most Current MAR

(Name/Dose)	Frequency	# of Pills on Hand	Date Medication Needed

Additional Notes to Pharmacy:

Auto-Refill Authorization

- ☐ Yes – I authorize Rapps LTC Pharmacy to automatically refill prescriptions as directed by the prescriber.
☐ No – I do not authorize automatic refills. Refills will be requested as needed.

Form Completed By: _____