# New RxRefill4U Information

Foundation Systems, Inc. can provide a website where your patients can request scripts be refill, retrieve drug information, and even view their script history. This website for your pharmacy will be hosted on our domain of www.RxRefill4U.com. We will provide a direct link to your pharmacy's particular page as well as include your pharmacy in the searchable list of pharmacies using this service. For all of the RxRefill4U functions to work, we require a patient to input two pieces of information:

1. a current prescription number or a username
2. a phone number or a password

The use of a username and the use of a password are independent of one another and are optional.

Our RxRefill4U websites are all preconfigured to be formatted and displayed properly for viewing on both a computer and a smartphone. Your patients will access the website using the same URL for all devices, no need for a mobile specific website. If your pharmacy already has a website, you can also provide a link to the RxRefill4U site from yours.

We also provide a generic RxRefill4U application for both Google Android and Apple iPhones and iPod Touches, available on the Google Play Store and Apple App Store respectively. The availability of this application is at no additional charge to you. Your patients will enter your pharmacy's mobile app code, provided by us upon completion of your RxRefill4U website configuration. Your RxRefill4U website will provide direct links to the applications as well as display your pharmacy's mobile app code. This all will allow patients to request refills and view PDE's directly from their phone. It will also save your pharmacy's contact information and hours of operation within the app in the event the patient doesn't have internet access.

For our RxRefill4U add-on to work properly your pharmacy must have a static internet IP address and there must be a network port forwarded through your internet router. By default this port is the TCP port 3001. However, we realize that some may wish to use a non-standard port number and so this can be manually configured. If a non-standard port is wanted, please fill out the appropriate section of the form on the following page so we can configure our end of the system correctly.

Please note that there are no patient names, addresses, birthdays, SSN's, etc. transmitted through our RxRefill4U system.

# Fill Out This Form and Return It to FSI

The following information is what your patients will see on the website.
If you don't want a particular field shown, leave it blank.

Pharmacy Name: _____

Pharmacy Website: _____

The following are **required** to correctly configure your RxRefill4U site.
Please circle the **Bolded** option(s) you would like.

Pharmacy's Internet IP Address      _____

TCP Port to use     **3001 (Default)**     or     **Custom: _____**
*This port must be forwarded to FSI server through your firewall.*
*All communication over this port will come from the Doman Name of [www.rxrefill4u.com](www.rxrefill4u.com).*

Your company/pharmacy logo, preferably in a PNG format and around 500x500 in resolution.

The following are all optional.
If you don't want the option, or it is not applicable, don't circle anything.

Which image(s) you would like on your RxRefill4U page?

**Full Width Header**          **Full Width Trailer**

Would you like your patients to have the option of using a Username or a Script Number?    **Yes**
*A Script Number will always be a valid form of patient / user identification.*

Which form of account / patient verification would you like to use?

**Only Phone Number**          **Only Password**          **Accept Either**

Allow patients to specify a general time they would like their prescriptions available for pickup?

**Select Date & Time**          **Select Date Only**          **No Selection Allowed**

Which options will your patients be allowed to request their scripts be prepared for?

**Delivery**          **Mail Order**

If **Delivery** is an available request option for patients, when will it take place?

**Same Day**          **Next Day**          **Don't Specify**

If **Mail Order** is available, circle which of the following shipping providers you use exclusively if any.

**USPS**          **UPS**          **FedEx**          **No Specific Carrier**

Once completed, please Fax to 801-785-2966 with Attention to **New RxRefill4U**
Or Email to [Support@fsi.us.com](Support@fsi.us.com) with a Subject of **New RxRefill4U**
*Please email your logo, do not fax them.*
If you have any questions about this form, please call our support office at 801-785-7720.