Dear Residents and Substitute Decision-Makers (SDM's),

We are pleased to share that Advantage Care Pharmacy (ACP) has been selected through the Request for Proposal (RFP) process issued by the County of Middlesex as the pharmacy service provider for Strathmere Lodge. ACP will begin providing pharmacy services on **November 4, 2026**.

We are honoured to join the Strathmere Lodge circle of care. As a family-owned pharmacy provider with 17 years of experience serving Long-Term Care communities across Ontario, we bring a deep understanding of the needs of residents, families and care teams. Our primary focus will be the safety, wellbeing and dignity of every resident.

Our Commitment to Residents

- **Resident-centred care.** The safety, wellbeing and dignity of every resident will remain at the centre of our services.
- **Technology that supports safer care.** We will bring the latest medication-management technologies and work closely with Strathmere Lodge's nursing, clinical and leadership teams to support accuracy, clear communication, continuity of care and efficient workflows.
- **Timely pharmacist support.** Residents and the Strathmere Lodge team will have timely access to our pharmacists when questions or medication needs arise.

Medication Coverage and Billing

We are committed to making medication coverage and billing clear, transparent and affordable:

1. **Medications covered by ODB.** ACP will continue to follow Ministry of Long-Term Care guidelines by not charging residents for medications that are listed and covered under the Ontario Drug Benefit (ODB) Program.
2. **Medications not covered by ODB.** Our pharmacists will make every reasonable effort to work with prescribers to identify a clinically appropriate medication that is listed under ODB. When this is not possible and a non-ODB medication is prescribed, the resident will be responsible for the cost of the medication. ACP will be pleased to provide direct billing to eligible insurance plans where available. Our dispensing fee is **$8.99 - one charge per month for each non-ODB medication**. Before the medication is dispensed, our team will explain the expected cost and obtain approval from the resident or their SDM, when required.

ACP
ADVANTAGE CARE PHARMACY RX

Your Resident and Family Relations Contact

We are pleased to introduce **Simer Kalhar**, our **Resident and Family Relations Representative.** Simer will help residents and SDM's with enrollment, explain billing, direct questions to the appropriate ACP team member and assist with concerns in a timely, respectful and caring manner.

Please contact Simer at **1-844-519-4949 ext. 101** with questions or for assistance. An Enrollment Form is included with this letter and we ask you to email it to: enrollment@acprx.ca.

Please kindly complete and return the form promptly, as it provides the consent and information necessary for ACP to begin pharmacy services and deliver medications in accordance with Ontario College of Pharmacists requirements.

We look forward to working with residents, SDM's, families and the Strathmere Lodge team to make the transition as smooth as possible and to provide safe, responsive pharmacy care for years to come.

Sincerely,
Advantage Care Pharmacy Team

1617 Dundas Street, London, ON N5W 3B6 | enrollment@acprx.ca

ACP
ADVANTAGE CARE
PHARMACY RX

We are your preferred

PHARMACY SERVICE

Advantage Care Pharmacy Services is a family-owned and operated business. Small enough to know you, large enough to serve you.

tel: 1–888–552–2779 | fax: 1–844–519–4950

email: enrollment@acprx.ca

www.acprx.ca

ADVANTAGE CARE PHARMACY RX

PERSONAL INFORMATION

Last Name | **First Name**

Date of Birth | **Gender** ☐ Male ☐ Female

Name of the Long-Term Care Home

City | **Province**

BILLING CONTACT OR POA

Last Name | **First Name**

Relationship to Resident

Address | **Suite**

City | **Province**

Postal Code | **Home Number #**

Cell Number # | **Email**

INVOICE MAILING ADDRESS (if different than BILLING CONTACT OR POA)

Last Name | **First Name**

Address | **Suite**

City | **Province**

Postal Code | **Home Number #**

Cell Number # | **Email**

INSURANCE INFORMATION

Provincial Health Care # | **Veteran's Affairs Canada #**

*Please provide a copy of your insurance card for easy enrollment, if possible

OTHER INSURANCE INFORMATION

Insurance Company | **Group #**

Policy #/Carrier ID | **Cardholder Relationship**

PAYMENT INFORMATION (please select one)

Name of cardholder | **Expiry date:**

☐ **Credit card # only** (No debit card)

☐ **Online banking** (Please attach a void cheque)

☐ **Please notify me whenever an uncovered medication is ordered** ☐ **Please proceed with non-covered medication without notifying me**

CONSENT INFORMATION

I, _____ (name of Resident/POA) authorize Advantage Care Pharmacy Services to submit health and billing information on my behalf for provision of medications and transfer my prescriptions from my current pharmacy if applicable.

Signature | **Date**