Pharmacy Site Visit Summary

Pharmacy Name:

Pharmacy Address:

Date of Visit: Time:

Wellcare Representative:

Pharmacy Representative Name and Signature(s):

Date:

Pharmacy Type: ○ Independent ○ Chain ○ Regional Chain ○ Other:

Purpose of Visit

- ☐ LAMP Program Education
- ☐ EQUIPP Platform Training
- ☐ Performance Review
- ☐ Pharmacy Engagement
- ☐ Relationship Building
- ☐ Follow-Up Visit

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Pharmacy Site Visit Summary

Pharmacy Visit Summary & Support Resources

Thank you for taking the time to meet with us. Please keep this page as a quick reference for LAMP program information, EQUIPP platform reminders, and follow-up contact details.

Wellcare Representative Name:

Wellcare Representative Phone:

Wellcare Representative Email:

Date of Visit: Pharmacy Name:

Topics Reviewed During Visit:

- LAMP program overview and available intervention opportunities
- EQUIPP platform access and navigation, and locating program opportunities
- Medication adherence, care gap, and quality performance opportunities
- Documentation expectations and follow-up needs
- Incentive and bonus opportunities, if applicable

Pharmacy Follow-Up Notes or Questions:

For additional questions or support, please contact the Wellcare representative listed above.