




Effective January 1, 2023

Prescription Refill Policy Update

Our office participates with electronic prescribing directly to your mail order and/or local pharmacy(s). Our goal is to assist our patient with prescription requests in an efficient and timely manner. Due to the increase of prescription requests, we have adopted the following guidelines:

- 1) It is the patient's responsibility to **notify their pharmacy** in a timely manner when refills are needed. If there are no refills remaining, we ask that our patients schedule an appointment to have the medication refilled.
- 2) Some medications require prior authorization from your insurance company. Depending on your insurance, this process may take up to three (3) business days. Please contact your pharmacy if you need to check the status. Since all authorizations are communicated back to the pharmacy-not our office. Neither the pharmacy nor this office can guarantee your medications will be approved by your insurance. Please check with your insurance company regarding your prescriptions benefits and updates.
- 3) Medication refills will only be addressed during regular office hours (Monday-Friday 8am-4:00pm). No prescriptions will be refilled on Saturdays, Sunday and/or holidays.
- 4) Controlled substance Prescription refills require close monitoring by your provider to ensure its safety and effectiveness. We will prescribe the

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appropriate number of prescriptions refills to last until your next scheduled  appointment. If you notice you have no more refills, please contact our office to schedule an appointment.

5) Patient's requesting new prescriptions, antibiotics or if you feel your medication(s) need to be changed or adjusted, please contact our office for an appointment.

6) For all Controlled Substance, before contacting our office for a refill, please make sure your pharmacy has it in stock. If not, it is your responsibility to find a pharmacy that does have it in stock. Please let us know which pharmacy you will be using when you call in for a refill.

Patient Signature: _____ Date: _____