

Medication Refill Policy

To Our Patients,

Unfortunately, due to decreased insurance company reimbursements, we are unable to refill medications outside of a scheduled appointment.

Patients are given the appropriate prescriptions and number of refills at the time of their visit and are expected to return to the clinic for an appointment when a refill is needed.

Please bring a list of your medications, including strength and daily dosing, to EVERY appointment to insure you are receiving the appropriate prescriptions.

Prior Insurance Company Authorization for Medications

Every year in the late fall, 99% of the insurance companies that do pay for or partially pay for patient prescriptions, mail to the patient a list of the drugs they cover as part of the plan. This list is called an insurance company formulary list.

We are seeing a number of drug insurance plans, both commercial and Medicare, which require that our office take the additional step of obtaining prior authorization approval before they will pay for certain medications. This authorization may require that our staff make several phone calls to the insurance company to pay for your medications and fill out their forms. Because of the extra staff time involved, we must now charge a \$40.00 fee for this service if your insurance company requires it and you want them to cover the cost of your medication. **Please note that this fee is subject to change without notice.**

This statement is to inform you in advance that this convenience fee is NOT covered by your insurance company and that you will be personally responsible for paying it. Please allow two weeks for us to obtain this authorization.

Some of the most common meds that require a prior authorization tend to be diabetes meds, such as but not limited to Ozempic, Mounjaro, Farxiga, Jardiance, Trulicity, Rybelsus, and also some inhalers.

Thank you for your understanding.

By signing below, I hereby acknowledge that I have been informed in advance of these policies and have agreed to be personally responsible for payment of the convenience fee if authorization is required for my medications.

Signed

Date