

DANA GROUP ASSOCIATES MEDICATION REFILL POLICY

This policy is to ensure safe prescribing practices for all patients.

- 1) Please note that it is your responsibility to notify the office in a timely manner when refills are necessary. Approval of your refill may take up to 3 business days, so please be courteous and do not wait to call. ***If you use a mail order pharmacy, please contact us 14 days before your medication is due to run out.***
- 2) Medication refills will only be addressed during regular business office hours (Monday-Saturday 9am-5pm). The answering service outside of business hours will not return any phone calls regarding refills. Please notify your provider on the next business day if you find yourself out of medication after hours. ***No prescriptions will be refilled on Sundays or Holidays.***
- 3) Please call the medical refill line to request a refill: 781-429-7755 x226. ***Please allow 24 hours for a return phone call during business hours.***
- 4) Refills can only be authorized on medication prescribed by providers from our office. We will not refill medications prescribed by other providers.
- 5) Some medications require prior authorization. Depending on your insurance, this process may involve several steps by both your pharmacy and your provider. The providers and pharmacies are familiar with this process and will handle the prior authorization as quickly as possible. Neither the pharmacy nor the provider can guarantee that your insurance company will approve the medication. Please check with your pharmacy or insurance company for updates. **Prior authorizations can take up to 5 business days.**
- 6) It is important to keep your scheduled appointment to ensure that you receive timely refills. ***Repeated no-shows or cancellations will result in a denial of refills.*** All prescriptions require a follow up appointment at least every 3 months. **For the first 6 months, you will be required to be seen monthly. Controlled substance medications, including benzodiazepines and stimulants, require a monthly follow up.** If you are on a controlled substance medication, you will be asked to sign an agreement between you and your provider.

7) If you have any questions regarding medications, please discuss these during your appointment. If you feel that your medication needs to be adjusted or changed, please call the office to schedule an appointment to discuss these changes.

8) New symptoms or events require a clinic appointment. **Your provider will not diagnose or treat over the phone or through email.**

Patient/Guardian Name (Printed)

Patient/Guardian Signature