



2300 East 30th Street, Building C-2

Farmington, NM 87401

Phone 505.324.1000 ♦ Fax 505.324.1199

MEDICATION REFILL POLICY

It is the patient's responsibility to notify the office in a timely manner when refills are necessary. Approval of your refill may take up to **2 full business days**. If you use a mail order pharmacy, please contact us **fourteen (14) days** before your medication is due to run out.

Medication refills will only be addressed during regular office hours (Monday-Friday, 8:00am-5:00pm). Please notify your provider on the next business day if you find yourself out of medication after hours. No prescriptions will be refilled on Saturday, Sunday, or Holidays.

Prescription refills require close monitoring by your provider to ensure its safety and effectiveness. Your provider will prescribe the appropriate number of prescription refills.

Patients requesting new prescriptions or antibiotics must schedule an appointment with a provider. New medications are not prescribed over the phone, as it generally requires an office visit.

Refills can only be authorized on medications prescribed by providers from our office. We **WILL NOT** refill medications prescribed by providers outside of Piñon Family Practice without an appointment.

Some medications require prior authorization. Depending on your insurance, this process may involve several steps by both your pharmacy and your provider, and this process does not begin until after you have been prescribed your medication. Any prior authorizations required by our office will be processed as quickly as possible. Neither the pharmacy, nor the provider, can guarantee that your insurance company will approve the medication.

It is important to keep your scheduled appointment to ensure that you receive timely refills. Repeated no-shows or cancellations may result in a **denial** of refills.

Our office may not process out of state refills if you have not had your required follow up appointment(s) within the last year.

If you have any questions regarding medications, please discuss these during your appointment. If for any reason you feel your medication needs to be adjusted or changed, please contact our office immediately.

Print Name of Patient

Date of Birth

Signature of Patient/Guardian

Date Signed