



Desai Medical Center Prescription Refill Policy

For better care of our patients, we want to monitor the **benefits, side effects, interaction of medications, and management of medical conditions** for which a variety of medications are prescribed.

If not properly monitored and managed, medications are known to cause adverse effects. It is important that we regularly monitor each patient's vital health information in accordance to the medication that they are taking as per standard care, FDA Guidelines, and evidence-based medicine.

To complete this goal, patients need to be clinically evaluated. This may result in further appropriate lab work, investigation, evaluation, reference to a specialist, or clinical or physical examination. Based on these evaluations – continuation, modification, discontinuation, or change in medication may occur.

PRESCRIPTION REFILL POLICY

- In order for our office to refill your medication, you **must have a next future appointment scheduled** on file for better care and follow up.
- If you are a NO-SHOW to that next scheduled appointment, we will provide a **one-time only** 15-day refill until we see you in the office next. The next prescription refill will only be sent when you have come into the office for your next appointment. You can call the office and the front desk will provide you with the next available appointment. (Final decision will be taken up with the physician)
- It is the *patient's responsibility* to inform the office of any changes regarding their insurance or pharmacy information – location, mail-order, phone number, fax number, etc.
- If medication requires a prior-authorization, please provide the office with the required documentation and instructions for proper and timely processing, as processing may take 5-7 business days.
- Please request refills **at least 7 days** in advance of the prescription running out.
- All prescription requests are processed during the **weekdays**. Any requests submitted during the weekend will be filled on the **following business day**.

Our Prescription Refill Policy is only to ensure that we provide each of our patient's with the best health care possible with the proper communication and health care management.

Your signature below indicates that you have read and agree to comply with Desai Medical Center's Prescription Refill Policy.

Print: _____

Date: _____

Signature: _____

Date: _____

If for any reason you are unable to comply with our Prescription Refill Policy we recommend that you please report to your nearest urgent care facility for your prescription needs.