



MIND MATTERS PSYCHIATRIC CLINIC
STARTS WITH YOU

Medical Refill Policy

Medication Refill Policy

At Mind Matters Psychiatric Clinic we do not accept automatically generated refill requests from pharmacies.

Our electronic health record automatically blocks these requests due to patient safety concerns. All refill requests must be made via the patient portal. All refill requests require four (4) Business Days notice. Approval of your refill may take up to 4 business days, so do not wait to call. 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. 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 to last until your next scheduled appointment. Generally, when you are down to zero refills, it is time to schedule a follow up appointment. We prefer you request any refills of your medications at the beginning of your office visit. Refills can only be authorized on medication prescribed by providers from our office. We will not refill medications prescribed by other providers without doing a full evaluation. 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 your insurance company for updates. 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 and possible termination of services. 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 us immediately to set up an appointment.

Signature of Patient or Legal Guardian (if applicable)

Date Signed

Full Name