



Medication and Cancellation Policy

MEDICATION REFILL POLICY FOR ALL PATIENTS

- It is your responsibility to notify the office in a timely manner when refills are necessary. Approval of your refill may take up to **five (5) business days**. Please be proactive, do not wait until your medication(s) have run out to request refill(s).
- If you are NOT taking one of the following medications: Ritalin, Metadate, Adderall, Vyvanse, Concerta, Dexedrine, Focalin or Phentermine of any form, you will need to contact your pharmacy and the pharmacy will contact Dr. William Oliva for refills. This too, will allot your pharmacy to fax over request and it will quicken the refill process.
- You are responsible for your written prescriptions once they are placed in your care. If you lose your script(s) you will be allotted one time per year to have your script(s) replaced. This too may be addressed and/or determined on a case by case basis.
- If you are taking: Ritalin, Metadate, Adderall, Vyvanse, Concerta, Dexedrine, Focalin, or Phentermine of any form, you are required by law to pick up a written prescription from Dr. William Oliva's clinic. Again, you will need to be proactive and do not wait until you are out of medication(s) have run out to request refill(s).
- When your prescription is ready there will not be a callback from Dr. Oliva's clinic and you will need to call to check the status.
- There are NO early refills on controlled medications. You will need to follow the frequency and dosage as stipulated by the prescription. Prescriptions will only be refilled during business hours (Monday-Friday).
- A prior authorization may be required by Soonercare or your private insurance for certain medications. This process could require several steps involving both the provider and the pharmacy and could potentially take up to fourteen (14) days. Only the pharmacy is notified of approval status for medication. You will need to contact your pharmacy.
- It is important for you to keep your scheduled appointments to ensure you receive timely refills. If you are unable to keep your appointment you may be required to wait until your next appointment to receive a refill or be provided with enough medication to last until your next scheduled appointment. This will be determined on a case by case basis. If you repeatedly have no shows or cancellations this will result in a denial of medication refill(s).
- **Dr. Oliva's clinic can receive up to fifty (50) phone calls per day. The calls are returned in priority order. Every effort will be made to return your call within 24-hours. Voicemail will be checked daily. Emergency calls will always be returned first, but if you are having a medical emergency, you will need to call 9-1-1 or go to your nearest emergency room.**
- If you would like a prescription called to your pharmacy be sure to leave your name, patient's first and last name, his/her date of birth, the medication(s) name and dosage, and the name and number of the pharmacy you will utilize. If you leave a voicemail you will need to also give the same information. This will only be done on a case by case basis. As stipulated before, you will need to contact your pharmacy who will pursue getting your medication refilled.
- If you have any questions regarding your medication(s) please discuss these concerns during your appointment. If for any reason you feel your medication needs to be adjusted or changed contact Dr. Oliva's clinic. If you experience significant medication side effect(s); including the appearance of a rash or shortness of breath please go to your nearest emergency room.



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CANCELLATION POLICY FOR ALL PATIENTS

- I understand that it is my responsibility to show up for my scheduled appointment(s).
- I understand that I must give a 24 hour notice to the clinic if I need to cancel my appointment.
- Failure to give sufficient notice of cancellation will constitute as a “no-show” and you will be billed a **\$50.00 “NO-SHOW CHARGE”** to your account. This fee must be paid prior to receiving additional services. This fee cannot be billed to Medicaid or private insurance.
- I understand that my “no-show” appointments will be tracked
- I understand that I am only allotted 3 “no-shows,” and will be terminated if I have 3 “no-shows.”

Date: _____

Signature of Parent Guardian Patient 18 yrs or older Other (specify) _____

Witness Signature