



# Hope Medical Clinic P.A

3609 Cape Center Drive, Fayetteville, NC 28304

Phone: 910.500.0909 Fax : 910.920.4224

## **PRESCRIPTION REFILL POLICY**

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In order to make sure that you never run out of your medication, please bring a complete list of your medications at the time of your office visit. The Doctor will go over that list with you and can do any refills needed at that time.

Prescription refill request will be processed during normal business hours only. Our normal business hours are 7:00 A.M to 5:00 P.M, Monday through Thursday, and Friday 7:00 A.M to 12:00 P.M. Due to extremely high volume of refills, we ask that you will allow us 24-48 hours to finalize this process.

Prescription for Narcotics must be e-prescribed by the Doctor. The Doctor cannot call the pharmacy and prescribe it over the phone or send a handwritten copy. If you need a refill, you must contact our Office during working hours and leave voice mail with the following information (1) Patients' Name (2) Date of Birth (3) Patients' Telephone No (4) Name of Medication, Dosage information and Instructions. Please allow 24-48 hours to process your request.

If your prescriptions are filled at a local pharmacy, please ask your pharmacy to send the refill request to our Office Fax **910-920-4224**. This will be processed and faxed back to the pharmacy within 24 hours, unless request is received on a Friday, or over the weekend.

If a prior authorization is required from your insurance company drug plan, you will be asked to contact your insurance (the contact information should be on your insurance card and/or on your prescription card). Please ask your insurance company to fax an authorization request form to 910-920-4224. This form will be completed and signed by the physician and faxed back to your insurance for processing. (Please note: we do not have available staff for making those calls, as these calls can have long wait time: our office policy indicates that the patients must make the necessary calls).

If you have mail-in prescription refill service, please bring in your form for completion - with instructions for calling your prescription mail service. Again, please ensure that you have an adequate supply of your medication, as it can sometimes take several days before the authorization goes through and your medication is refilled.

Please call your pharmacy to inquire about your prescriptions BEFORE calling our Office.

Thank you for trusting us with your care and thank you for your cooperation. If you have any questions, please don't hesitate to ask one of our Medical Assistants.

**Patients' Name:** \_\_\_\_\_

**Patients' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_