



## NASA – Neuroscience and Spine Associates

### Prescription Refill Policy

- If you are prescribed a controlled substance as part of your treatment, there is a FDA (Food and Drug Administration) policy stating these prescriptions may only be written once a month and must be picked up in person. Due to this policy, doctors cannot write more prescriptions in advance. Because of the serious nature of these medications, you will be required to have a limited office visit each time you pick up your 30-day renewal. During this assessment, you may have your blood pressure taken, pulse checked, or weight documented, and there may be additional questions regarding your condition and the medications that you are using. Therefore, it is imperative that you pick up your prescriptions in person. We will bill your insurance company for these services where applicable.
- Due to the complexity and vast array of medications available in today's marketplace along with the recent increase in the amount of documentation required of our office staff from insurance companies and other outside entities, it is the policy of NASA that prescriptions are renewed in concurrence with a follow-up visit with your physician. Please make sure that your prescription requests are handled at the time of your follow up office visit. You may wish to bring your prescription bottles or a complete and current list of medications to your visit so your physician will know which medications require refills and in what amounts. If you wish to renew your non-narcotic prescription without seeing the doctor this service will be charged a non-covered fee of \$10.00 per prescription due to the onerous nature of the duties involved.
- If your doctor prescribes medications that your insurance company refuses to cover without prior authorization or proof of medical necessity, you will be charged a non-covered fee of \$10.00 per prescription if you would like our office to deal with your insurance company on your behalf. Please realize that your physician is focused on your best health care plan and this may not coincide with the insurance coverage of medications (please see the Physician's Note, below).

\_\_\_\_\_ Date: \_\_\_\_\_  
Patient / Responsible Party Signature

\_\_\_\_\_ DOB: \_\_\_\_\_  
Patient's Name (Printed)

***Physician's Note: Some of the issues presented above are a result of pharmacy plans and insurance companies trying to limit some types of medicines based on cost, which may or may not be in your best interest based on safety, or help for your medical condition. Your doctor has considered all of these factors before prescribing your individual medications. We encourage you to contact your insurance company by phone and/or letter and tell them of your concerns when they require extra calls and "pre-authorizations" from your doctor. When we prescribe a particular formulary for your condition, we believe the prescription itself is indicative of the medical necessity for this medicine and the doctor's orders should be followed.***