



COLGACARE

Direct Primary Care
& Acute Care

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Refill Requests Policy

Purpose: This Refills Requests Policy is established to ensure the safe and efficient fulfillment of prescription refill requests by ColGACare, LLC.

Scope: This policy applies to all requests for refills of chronic (non-acute) medications.

Policy Guidelines:

a. ColGACare requests at least one week's notice for **any and all** refill requests. WE REQUIRE AT LEAST 72 BUSINESS HOURS NOTICE. ColGACare staff are not in the office daily. This lead time is required to review charts, communicate with pharmacies, order meds, add them to inventory, ready them for dispensing, and prepare prescriptions for patients.

b. Refill requests must be in writing, either via text message (preferred) or email. Please do not rely on a pharmacy or insurer to make a refill request on your behalf, they send them all the time and usually they're wrong, untimely, sent to an incorrect address, or otherwise inappropriate, so requests from third parties are generally ignored. Refill requests need to be made directly from patients to us.

c. When requesting refills, patients must include, at a minimum, the name(s) of the medication(s) they are requesting refilled. Requests for "all my meds," or "my depression medicine" may result in delays or may not be honored.

d. *A patient's failure to plan in advance for refills does not constitute an emergency on our part.* While we do our best to accommodate extenuating circumstances, repeated last-minute requests for refills from a patient may result in that patient being asked to review and sign a copy of this policy.

e. This Refill Requests Policy will be periodically reviewed and updated as needed to ensure compliance with changing laws and best practices.



By adhering to this Refill Requests Policy, ColGACare, LLC aims to promote the highest standard of patient care and safe dispensing practices.