



NORTHSTAR DAY TREATMENT

6506 Schroeder Road
Madison, WI 53711
PHONE: (608) 270-1960
FAX: (608) 270-1965

PLEASE READ CAREFULLY

Medication Refill Request Policy

Medication Refill Requests must be made AT LEAST 3 business days prior to running out of medication. **Days of requests will not be accepted.** Requests made on Friday afternoons will not begin to be processed until the following Monday.

*For controlled substances that need to be mailed or picked up, please call one week in advance to avoid lapse in medication as we can neither control nor predict timing of mail delivery.

For medications that need to be called into a pharmacy, **upon calling be prepared to provide the pharmacy name **and** phone number to avoid delay.

PLEASE HAVE READY:

- Medication and Dosage
- Date medication will run out
- Pharmacy Phone Number

Medication Refill Request Policy

Our office requires a 24-hour notice of appointment cancellation. The full appointment fee will be charged for late cancellations or no shows. Be advised insurance may not cover these.

In addition to accrued fees, be aware that treatment may be terminated for no shows or late cancellations. Two occurrences will result in automatic termination without recourse. Failure to attend a first follow up appointment will result in automatic termination.

You can also find detailed description of these policies in the packet.

*****NOTE: Requests made due to missed or canceled appointments are not guaranteed and may take additional time to process.**

SIGNATURE

DATE