

REFILLS NEEDED ON NON-APPOINTMENT DAYS

There will be a \$20 charge for this service, which is not reimbursed by insurance AND due at the time of the request.

REFILL REQUESTS ARE ONLY PROCESSED MON-THURS BETWEEN 9AM-1PM AND IT MAY TAKE UP TO 48 HOURS TO PROCESS THE REQUEST.

REFILL LINE IS CLOSED ON FRIDAYS – ANY MESSAGE LEFT WILL BE PROCESSED THE FOLLOWING MONDAY.

INSTRUCTIONS ON HOW TO OBTAIN A REFILL ON NON-APPOINTMENT DAYS

YOU WILL NEED TO HAVE YOUR PHARMACY FAX US A REFILL REQUEST, our fax number is 703-573-2351. After having the pharmacy fax us a request, please call 703-698-5220 ext 602 at our office and leave your name, docs name and daytime number, credit card number, with expiration date and 3 –digit code on the back of the card and your refill will be processed. If we should have any questions, we will call you at the daytime number you provided us on the message.

If you are being prescribed a controlled medication (ADD medication) those cannot be called into the pharmacy and require an original prescription, you will need to leave a message on the prescription refill at 703-698-5220- *ext 602 OR* by sending an email to prescriptionrefill@nvpgpc.com and the leave the following information that is listed below.

INFORMATION YOU WILL NEED TO PROVIDE AT TIME OF EACH REQUEST

Doctor's Name

Patient's Name and DOB

Medication name and dosage

Date current prescription will run out

Daytime Telephone number (very important if there are any questions)

Delivery Preference:

- PICK UP prescription at NOVAPSY office. (Monday-Thursday 8:30 am -4:30pm, Fri until 3:30pm)
 - FEE due at time of pick up.
- OR**
- MAIL prescription: give current address and a credit card information and authorization to process \$20 fee. CREDIT CARDS require the 3-digit number on the back of the credit card to process. Credit card information needed to process below:
 1. TYPE OF CREDIT CARD: MasterCard VISA DISCOVER
 2. CREDIT CARD NUMBER
 3. NAME ON CREDIT CARD
 4. EXPIRATION DATE w/ 3-DIGIT CODE ON BACK OF CARD

MAIL ORDER SCRIPTS (90DAY SUPPLIES) MUST BE REQUESTED DURING YOUR APPOINTMENT.

WE WILL NOT FAX MAIL ORDER SCRIPTS TO YOUR MAIL ORDER COMPANIES.

YOU WILL NEED TO REQUEST RX FROM YOUR DOCTOR AND MAIL THEM IN DIRECTLY.