



Okemos Location: 2390 Woodlake Drive Suite 380 Okemos, MI 48864 P: 517-333-7113 F: 517-333-7125

Brighton Location: 4763 South Old US 23, Suite C1, Brighton MI 48114 P: 810-775-3534 F: 810-775-3549

Medication Refill Policy for Healthy Minds

As a patient of Healthy Minds, I understand that enough medication refills will be provided to cover me until my next appointment only. I understand that I will be charged for medication refill requests when I fail to keep my appointment or have requested to change my appointment to a later date and consequently run out of my medication.

The charges are as follows:

Partial medication refills for up to 7 days = \$20

1-3 Partial medication refills for 8- 30 days = \$35

More than 3 medication refills for 8-30 days = \$50

I understand that my insurance company does NOT pay fee charged for medication refill requests without seeing the provider.

I understand that the payment for the medication refill is my responsibility and payment is due before refills can be given.

I will be expected to submit payment upon the refill request.

I also understand that keeping scheduled appointments is critical to achieving my treatment goals. My signature indicates that I have reviewed, understand and have been offered a copy of this policy.

Patient Name: _____

Pt/Guardian Signature: _____ Date: _____