



Gatti Pharmacy AutoSync RX



701 Philadelphia Street
Indiana, PA 15701
<http://gattirx.com>
(724)349-4200

Thank you for your interest in the Gatti Pharmacy AutoSync RX program. This program is designed to make it easier for you to obtain your prescription refills on a regular basis. The goal of the program is to alter the fill pattern of your usual (maintenance) medications so that they all are due to be refilled at the same time. We will fill them and then notify you when they are ready to be picked up or delivered.

We work with you to determine which day or week of the month you prefer to have your prescriptions ready. We then review your medication history, determine which drugs are eligible for the program and calculate what adjustments need to be made to the quantity dispensed on those prescriptions so they will come due at the same time. Several days before your prescriptions are due, we bill your insurance company for the prescriptions, fill them and call you for further arrangements. If you require a new prescription, we will contact your physician to request the prescriptions.

This program works well for medication that it is easy to determine the day's supply. Other medications such as creams, ointments, eye or ear drops may not work well with this system, especially if you are using them on an as needed basis. For this reason, certain medications are excluded from this program. If we see that one of the excluded medications is due at the same time as those in the AutoSync RX program we may ask you if you need this medication when we contact you to make arrangements for pickup or delivery. Otherwise we do *not* keep track of excluded medications.

By enrolling in this program I understand that Gatti Pharmacy will bill my insurance company (if I have insurance) for all prescriptions that are filled with AutoSync RX. I also understand that in order to align prescriptions a prescription may initially need to be filled more than once per month and that I may incur co-payments until such time as my prescriptions are aligned. By signing this document I authorize Gatti Pharmacy to alter prescription quantities as described herein and bill my insurance company for all valid claims. Any medication that is not received by me will be credited back to my insurance company. Gatti Pharmacy is not liable for any medication which is missed due to non-use, misuse, or errors in our supply data. This program may be cancelled with a minimum 7 days notice by either the patient or Gatti Pharmacy.

- I understand that the AutoSync RX at Gatti Pharmacy is strictly voluntary and I have the right to refuse participation if I so choose.
- I also understand that it is my responsibility to contact Gatti Pharmacy and inform them if I no longer wish to use their services, if I choose not to use their services in the future.
- I further understand that it is my responsibility to keep my personal information up to date by informing Gatti Pharmacy of any changes in my phone number, address, or insurance.
- I understand that if I medication is changed or discontinued by my doctor it is my responsibility to inform Gatti Pharmacy of the medication change or discontinuation.
- The AutoSync RX program has been explained to me and I fully understand that my maintenance medication will be filled on a 30 day cycle.

I would like to enroll in the AutoSync RX at Gatti Pharmacy

Signature

Printed Name

Responsible Party or Power of Attorney

Date

Phone Number

Alternate Phone Number

Best time of day to be contacted