



Gatti Pharmacy AutoSync Rx

Thank you for your interest in the Gatti Pharmacy AutoSync 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 refill pattern of your usual (maintenance) medications so that they all are due to be refilled at the same time. We will contact you prior to filling them to verify what is needed or that there have been no changes. Then we will notify you when they are ready to be picked up or delivered.

We will discuss with you which medications will be included in the AutoSync program. We will then calculate the quantities needed so that your medications will come due at the same time. If you require a new prescription we will contact your Physician for you.

This program works well for medications that are easy to determine the days supply. Other medications such as creams, ointments and medications that are to be taken on an as needed basis may be excluded from the program.

By enrolling in this program Gatti Pharmacy will bill your Insurance (if you have insurance) for all prescriptions that are filled on the AutoSync program. In order to get you medications in alignment there may be a need to fill a prescription for an altered amount or to fill more than once in a month. This may cause multiple copays to be charged. Gatti Pharmacy will bill the insurance company for all valid claims. Gatti Pharmacy is not liable for any medication which is missed due to non use, misuse, or errors in the 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 Program at Gatti Pharmacy is strictly voluntary and I have the right to refuse participation if I so choose.
- I understand that it is my responsibility to keep my personal information up to date with Gatti Pharmacy. (phone number, address and insurance information)
- I understand if a medication is changed or discontinued by my doctor it is my responsibility to contact Gatti Pharmacy with this information.
- I fully understand that my maintenance medications will be filled on a 30 day cycle. The AutoSync Program Has been explained to me and I fully understand.

I would like to enroll in the AutoSync program. _____
Print name of patient Date of Birth

Signature of responsible party/power of attorney Contact number for monthly pre call

Contact person if different than the patient