

301 Folsom St., Suite B, San Francisco, CA 94105 (p) (415) 344-0600 (f) (415) 344-0607 www.koshlandpharm.com info@koshlandpharm.com

Koshland Pharm Automatic Refill Program Details:

- The automatic refill program is available as a courtesy to our patients who
 wish to have their prescription automatically refilled a week before its due
 date. *Please note, certain controlled medications are not eligible for the
 Automatic Refill Program due to federal and state regulations.
- This is an opt-in program. Prescriptions will not be put into the automatic refill program without the consent of the patient or patient's agent.
 Patients or patient's agents can notify the pharmacy staff about the desire to enroll in the program by phone, text or email.
- Each time a prescription is filled through the automatic refill program, the patient or patient's agent will be notified.
- The patient or patient's agent may remove their prescription from the automatic refill program at any time. Please notify the pharmacy staff by phone, text or email.
- If there is a change in therapy for the prescription that is enrolled in the automatic refill program (i.e., change in dose, change in directions), the pharmacy will contact the patient or patient's agent to confirm that the prescription should stay in the program.
- The pharmacy shall provide a full refund to the patient or patient's agent or payer for any prescription refilled through the program if the pharmacy was notified that the patient did not want the refill, regardless of the reason, or the pharmacy had been notified of withdrawal or disenrollment from the program prior to dispensing the prescription medication.