

Refill by Mail
To Mail Refills Home Starting 12/1/10

1. Follow up appointment booked – no exceptions
2. Refill request 1 week prior to needing the medication
3. \$25 fee will apply for same day refill request
4. Self addressed stamped envelopes provided by patient or guardian
5. Please call us every month to initiate the mailing
6. We will mail to address on file only

If prescription becomes lost, no replacement prescription will be written and this service will be suspended. ***You may be without your medication until your next refill is due.***

We appreciate you taking the time to follow these criteria so that we may continue to offer this service.

Patient name: _____
Mailing address: _____

Indemnification: New England Center for Mental Health (NECMH) provides this mail prescription refill service as a convenience to our patients. Please make sure to safeguard the prescription refill forms you receive from us and promptly take them to your local pharmacy or arrange for filling by your mail order pharmacy. By participating in this service and signing below, you hereby agree to be responsible for any loss or misuse of a prescription refill form due to your own action or inaction once it has been delivered to your mailing address by the U.S. Postal Service. In particular, you hereby agree to indemnify and hold NECMH (and its employees and agents) harmless against any and all claims, losses, or liabilities (including reasonable attorney's fees) to which it may become liable as a result of the loss or misuse of a mailed prescription refill form due to your negligence or intentional act.

Signature of	Description of Authority	Date
Personal Representative or Patient (If over 18 years old or emancipated Minor)		

Revised 2/11, 3/11