

## Prescription Refill and Medication Information

### Frontier Health and Wellness

on behalf of its contracted providers

If you are seeing a Frontier Health and Wellness contracted provider who will be prescribing medications, please make sure you keep track of your medication supply so that you do not run out between appointments.

#### **Medication Refill Policy**

If you need a refill on a medication that you have previously received from your provider, please do so through one of the following options. Please know that refill requests can take up to 3 business days.

#### **Preferred Option:**

Log into your patient portal at <https://www2.rxnt.com/phr/>. Through the portal you can send your provider a direct message regarding the medication(s) that you are requesting. Please review your current medications as listed in your client portal and use that information to reference the correct medicine, dosage and supply you are requesting.

#### **Secondary Option:**

Visit the refill request page at [FHWAK.com](http://FHWAK.com). Completing this Refill Request Form in full is the most effective way to make sure that we have all the needed information to process the refill.

#### **Please Note:**

- We can process refill requests by phone or email, but these are often delayed as necessary pieces of information are not always included.
- Saturdays, Sundays and holidays are not considered “business days” when calling in for refills. To account for any side effects and contraindications; please inform your provider of any NEWLY prescribed medications from other prescribers and of any newly diagnosed medication allergies.
- All refill requests must be directly through Frontier Health and Wellness or your provider
  - Refills requested through your pharmacy does delay the ability for the prescribing provider to be notified. Pharmacies often request out of date and discontinued medications for patients which also causes delay in the provider being able to complete an accurate refill.
  - FHW contracted providers cannot honor all pharmacy requests due to inconsistency and inaccuracy of patient medication information.

#### **Access to Pharmacy Claim and Medication History**

\_\_\_\_\_ By initialing you hereby agree to allow Frontier Health and Wellness (FHW) staff and its contracted providers to access your pharmacy claim and medication history in real time through SureScripts.

1. You are authorizing your provider OR an authorized agent working on behalf of Frontier Health and Wellness to view your pharmacy claims and medication history. This will

**Prescription Refill and Medication Information  
Frontier Health and Wellness**

contain prescriptions and claims that have been submitted by other providers that are not affiliated with FHW

2. You have the right to revoke this consent at any time. Please submit in writing your desire to revoke consent for FHW and its contracted providers to access your pharmacy claims and medication history.

I have read the above Prescription Refill and Medication Information document from Frontier Health and Wellness on behalf of its contracted providers. I understand and accept all the terms set forth above. All of my questions and concerns have been answered and addressed by Frontier Health and Wellness or my provider prior to signing and submitting this document.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Guardian Name (Print) (When Applicable)

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date