



We are pleased to welcome you to **Simplify My Meds®**, our coordinated refill program.

Advantages of participating in the program include:

- Increased convenience—a single monthly trip to the pharmacy.
- Peace of mind from being able to get medications on time and in one order.
- More personal contact with the pharmacist to ask questions and discuss medications.
- Increased understanding of your medication, its purpose, potential side effects and costs.
- Your prescription records will be easily updated to reflect changes to therapy made by doctors or upon hospital discharge.



Simplify My Meds®

I understand the program advantages and the following conditions of participation to achieve the maximum benefits from the Simplify My Meds program.

I hereby agree:

- To accept a phone-call each month from the pharmacy to discuss my prescription refills.
- To pick up medications on my assigned refill date (or be available for delivery, if applicable).
- If necessary, to pay an extra co-pay one time for each medication in order to make all refills due on the same day.
- To keep an open dialogue with my pharmacist regarding doctor appointments, hospital/urgent care visits, and changes in my health status.

I have read this document, understand it, and have had all questions answered.

Patient Name *(please print)*

Patient Signature

Date

Pharmacist Signature

Date



Medication Questions

Thank you for participation in the Simplify My Meds® program. In order for us to make sure this program provides the maximum benefit to you, please take a moment to respond to the statements below.

I believe it is important to take my prescription medications as directed.

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I understand the medications I take, what they do, and how I am supposed to take them.

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I am committed to taking my prescription medications as directed.

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

The last time I skipped or missed a dose of my medication was:

- Within the past week Within the past month More than a month ago

The main reason why I skip or miss a dose of my medication is because:

- I needed/wanted to save money I was confused about how/when to take my medication
 I forgot or was too busy I wanted to avoid the side effects
 The medication was not working I felt better
 Other (Please explain: _____)

Thank you for taking the time to answer these questions.