NORTHERN TIER CENTER FOR HEALTH
FEDERALLY QUALIFIED HEALTH CENTER

NOTCH Pharmacies - Simplify My Meds®
Enrollment Packet

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

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Patient Enrollment Form

Name		DOB	
Cell Phone		Home Phone	
Address			
Delivery Address			
Primary Care Prov.		PCP Phone	
Emergency Contact include name and phone			
Allergies			☐ No Known Drug Allergies

INSURANCE			
Insurance Carrier Name		Medicaid # (if applicable)	
Insurance ID #		Medicaid Sequence #	
Insurance Company Phone Number			

MEDICATION LIST (Include Prescribed and Over the Counter Medications)			
Start Date	Medication name	Dosage	Directions for Use

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.