

## Auto-Refill Program *Enrollment Form*

At ProAct Pharmacy Services, we want to make your life easier. With our Auto-Refill Program, you won't have to worry about requesting refills. We can schedule your prescription medications to be automatically filled and shipped right to your door!

### How Does It Work?

*You select the prescriptions to enroll, we take care of the rest.* Your prescription medication will be automatically filled and shipped to you prior to running out of your current supply. Getting started is easy!



Set or adjust your Auto-Refill Settings online in the member portal any time.  
[www.proactpharmacyservicespbd.com](http://www.proactpharmacyservicespbd.com)



Call our 24/7/365 Help Desk at  
**1-866-287-9885.**



Mail this completed form to:  
ProAct Pharmacy Services, 1226 US  
Highway 11, Gouverneur, NY 13642

### What If My Prescription Changes?

Please notify us of any changes to any enrolled prescriptions such as dose, directions, or discontinuation of a product to ensure obsolete orders are not automatically filled and shipped. Pharmacy regulations prohibit the return of delivered prescription medications.

### What If I Have an Oversupply?

Don't worry! This can happen. If you'd like to temporarily remove your prescription from the program, visit [www.proactpharmacyservicespbd.com](http://www.proactpharmacyservicespbd.com) and turn off auto refills. You can then decide when you want to order your next refill.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Address: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Email: \_\_\_\_\_ Prescriptions to Enroll: \_\_\_\_\_

By completing and submitting this form, I understand that I am requesting enrollment in ProAct Pharmacy Services' Auto-Refill Program. I agree to notify ProAct Pharmacy Services of any changes that may occur to any prescription medications enrolled in this program. I understand that prescriptions in ProAct Pharmacy Services' Auto-Refill Program will be shipped to my **primary address on file** unless otherwise indicated. ProAct Pharmacy Services reserves the right to discontinue this service at any time.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **NEW** SIGN UP FOR TEXT NOTIFICATIONS!



Would you like to receive text messages about your prescription orders, plan information, and program opportunities?

Yes, please! Cell Phone Number: \_\_\_\_\_

By providing your cell phone number to ProAct Pharmacy Services, you agree to receive messages about your prescriptions and plan benefits. Your consent is not a condition of purchase and you may revoke your consent at any time. Your carrier's message and data rates apply.

Note: ProAct Pharmacy Services' Auto-Refill Program is only for maintenance medications that you will be taking long term. The Auto-Refill Program is not intended for medications requiring frequent lab testing, controlled substances, or topical applications. If you have any questions on which of your prescription medications can be enrolled, please contact us at: 1-866-287-9885.