185 Oser Avenue, Hauppauge, NY 11788
Tel: 631-348-0032 • Fax: 631-348-7704

Request for Refill Shipment Service

I hereby authorize Better Living Now, Inc., as my medical supply fulfillment organization to ship my medical supplies/prescription medications to my home on a monthly or tri-monthly basis depending on my insurance coverage guidelines.

I also authorize Better Living Now, Inc. to contact my physician to request refill prescriptions for supplies I am currently receiving from Better Living Now, Inc.

I will contact Better Living Now, Inc. and/or Better Living Now, Inc will contact me regarding any changes to my routine supply/prescription medication orders.

Important notice:
In accordance with Medicare and Medicaid policies, we are not allowed to ship your order without you initiating or confirming the order and HOW MUCH PRODUCT YOU HAVE ON HAND AT THE TIME OF THE ORDER. Therefore, upon your re-order date we will make contact with you to confirm the re-order need.

For non-Medicare/Medicaid orders, rules vary by plan and will be administered in accordance with the plan's individual policy.

Patient's name (kindly print) _____

Signature: _____ Date: ___/___/_____

If signing for patient, kindly print name _____

Signature: _____ Date: ___/___/_____

Relationship to patient: _____

(ie. Power of Attorney Spouse Advocate Child)