

Tequesta Family Practice

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We have received a demand that my patient, **Testyapatient, Testyapatient**, have changes in medication made solely based on the business decisions of your insurance company about which medications you feel should and should not be covered. Please be advised that I have prescribed the medications I feel are most appropriate for my patient, and I feel these are the medications they should receive.

However, if you are willing to accept the responsibility for the potential adverse effects of the following medication changes as you have demanded (noted below) in a patient you have never seen or evaluated, and if you can provide peer reviewed medical articles from reputable sources documenting that the substitutions you demand are equally effective in the treatment of this patient, then I will make those changes. I only require that you return this form - signed, dated, and notarized acknowledging your acceptance of responsibility for all legal and medical ramifications of this medication change, and forward the article(s) supporting the efficacy studies. If you cannot or will not comply with these terms, then I fully expect you to fill the original prescription.

Current Medication

Substitution You Demand

I, _____, hereby accept full legal and medical responsibility for the above medication changes on _____ and acknowledge that the reason for this change is related to the economic priorities of my company.

Notary Signature and Seal: