

WHAT IS A PRIOR AUTHORIZATION?

As your provider, we prescribe the medications we feel are appropriate to treat your medical condition. In some cases, your insurance company may place restrictions on paying for the medication prescribed and require a “prior authorization”. A prior authorization means they are requiring additional information regarding medications you have tried previously, the side effects that you encountered, and whether the medication was effective in treating your condition.

Upon request from your insurance company our clinical staff will submit the requested information. To begin the prior authorization process, we will need the following information from you:

- 1.) What medications does your insurance plan cover? (This can be found on your insurance companies’ website or in your coverage book provided by your insurance company)
- 2.) How many of the medications on the list does your insurance company require you to try before paying for the specific medication? (This information can be obtained by calling your insurance company)
- 3.) A list of the medications your insurance company will cover that you have previously tried, if the medications were effective in treating or controlling your condition and the reasons you could not continue the medication.

Once the information is received by your insurance company they will review the information and determine coverage and payment. You will need to contact your insurance company or pharmacy for information regarding the approval or denial of the medication.

If you have any questions regarding the prior authorization process or medication coverage, please contact your insurance carrier.

Thank you for allowing Wilmington Health to serve your healthcare needs



PRIOR AUTHORIZATION PATIENT QUESTIONNAIRE

Patient Name: _____ **DOB:** _____

PCP Name: _____ **Today's Date** _____

1.) What medications does your insurance plan cover? (This information can be obtained on your insurance carriers website or by calling your insurance carrier)

2.) How many of the medications on that list does your insurance company require you to try before they will cover the specified medication? (This information can be obtained by calling your insurance carrier)

3.) What medications from that list have you previously tried?

4.) Did you encounter any side effects from the medication previously tried?

5.) Were any of the medications you previously tried effective in treating or controlling your condition?

6.) What were the reasons you had to discontinue use of the previous medications?

Please return completed form to your Primary Care Provider's office.

