

**Medication  
Prior Authorization Patient Information Form**

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_ **Telephone Number:** (\_\_\_\_) \_\_\_\_\_ = \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Pharmacy Benefit Insurance:** \_\_\_\_\_

**Pharmacy Benefit ID Number:** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_

**Pharmacy Phone Number:** \_\_\_\_\_

**Name of drug:** \_\_\_\_\_

**Medical diagnosis:** \_\_\_\_\_

**Previous medications tried:**

**Medication/Dose/Date/Outcome:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include a copy of your most recent drug formulary.**

Please be aware that although many pharmacies/pharmacists/and insurance companies may inform you that this prior authorization will be processed within 24 hours it has been our experience that the process can take up to 3 weeks after the paperwork leaves our office. Due to the heavy volume of prior authorizations that patients request, it may take our office up to 1 week to complete your paperwork. You can greatly speed this process by providing the correct information requested above. Failure to do so will only delay the process further. Our office will NOT fax prescriptions to mail order pharmacies or pharmacy benefit managers as we have found this method of communicating with pharmacies very unreliable. We will provide you with a written prescription, which you can forward to the pharmacy of your choice. In addition, our office will not complete prior authorizations for those mail order pharmacies who insist that it be done over the telephone. This process typically takes 30-60 minutes per form. We simply do not have the manpower to accommodate this request.

Submitting a prior authorization does not guarantee that your insurance company will cover the cost of the medication that we prescribe. The final decision for payment rests with your insurance company not our office. While waiting for a decision from the insurance company you have the following options: 1) take a related formulary medication in the same class 2) pay out of pocket for the prescribed non-formulary drug. If your insurance company denies our request we will not resubmit the form for the same prescription. In addition, we will not submit prior authorizations in cases where it is known that patients do not meet existing criteria to qualify for a non-formulary drug where these criteria exist.

Thank you in advance for your cooperation and understanding.

Kenneth J. Sobel, MD