

ROSE STREET



MENTAL HEALTH CARE

The Health care system has changed drastically over the past few years. One change that has affected our office tremendously is the increase in insurances requiring prior authorizations for patients' medications. A prior authorization (or precertification) is when an insurance company requires the doctor's office to provide clinical evidence that a prescribed medication is necessary and appropriate. Prior authorizations often require a lot of information to be submitted which does take our office a bit of time to collect. Without an approved prior authorization, the insurance company will not pay to cover the medication and the patient will be responsible for paying out of pocket for the medication. Here are a few things to help you understand prior authorizations.

- ❖ A prior authorization comes from the insurance company, not the office.
- ❖ A prior authorization will not prevent you from picking up your medication; however the insurance will not be paying their portion without an approved authorization.
- ❖ Our office only becomes aware of prior authorizations after the pharmacy has run a claim on your insurance. When the pharmacy receives a denial of payment from the insurance they should fax us with the prior authorization information so we can initiate an authorization.
- ❖ We have no way of contacting the insurance company without your pharmacy first sending us the information.
- ❖ Authorizations can be good for 1 month up to a year. This is all dependent on your insurance company, not the office nor your prescriber.

We ask that you treat a prior authorization like a prescription refill and allow the office 24-48 hours to process it. Once the office has submitted the prior authorization to the insurance company it can take up to 72 hours to receive a response from the insurance company. Our office staff works diligently to have your medications filled and approved in a timely manner, however with such a high patient volume we are not always able to attend to prior authorizations right away. We appreciate your patience and understanding.

By signing below I am verifying that I have read the Prior Authorization notice and have been given a copy.

Patient signature

Date