

## Information on Preauthorization for Prescriptions

Call the customer service number on your insurance card. Tell them your prescription was denied by the pharmacy and you need information about your plans drug coverage.

Tell them you need three questions answered about the following medication.

The medication denied was \_\_\_\_\_. It was prescribed for the diagnosis of \_\_\_\_\_.

1. Is the medication "Excluded" on the plan? This means that no matter what we do or say it will NEVER be covered and you will have to pay out of pocket for it.
2. Is the medication subject to a "Step Edit"? This means that the medication will not be covered until you try something else first. If so, find out what medication needs to be tried first.
3. Ask them to email you the plan's formulary (meds they will cover) for the diagnosis referenced above.
4. Get the name of the person or department that can make the decision on coverage and ask that person to call our office at 512-302-4047.
5. Please note: If your insurance company still requires additional paperwork to be filled out by the Doctor there is a \$25 fee that you will be charged.

Thanks for your understanding.