Prior Authorization(PA) packet

As you know recent changes in the medical insurance industry have caused each of us to become more aware of the medications that are being prescribed. Your medical insurance company has a drug formulary, which contains a list of covered drugs. Each insurance company may have hundreds of individual formularies it uses for its customers. It is impossible for your physician to know exactly which medications are listed on your particular formulary.

If you desire to initiate prior authorization request to your insurance company, to change your medication, you can choose the following options…Most of these will be denied by your insurance company, since you have a specific medicine formulary, and their requirements are strict

1)Your easiest and most successful option:

You may call your insurance company and determine what medicine they will cover in your contract in place of the prescribed medication. After you determine this, you may call our office and we will call the medication in to your pharmacy or mail you a new prescription to your home, if needed. This has the greatest chance of success with your company.

2)You may go online to our website www.craddockhealthcenter.com and download a prior authorization packet which includes instructions. After you complete the forms, they can be delivered by hand or mailed to our office.

Mailing address: Craddock Health Center, PC
209 West Spring Street, Suite 200
Sylacauga AL 35150

If you do not have internet access, you may call 256-245-5241 and ask for Patient Assistance, and they can either mail or fax you a "PA packet".

Again, we hope that this process is helpful and will aid you in getting your prescriptions filled. We apologize for any inconvenience this may cause however; this is a requirement of your insurance company.

PATIENT QUESTIONAIRE

This questionnaire and the form from your insurance company must be mailed/faxed to us. You are responsible for obtaining the necessary paperwork from your insurance company and sending it to us along with this completed questionnaire. If you experience difficulty getting the necessary paperwork from your insurance company, you may want to call your employer's benefits manager and let them know about the situation. **As a reminder, we must have both of these items if you would like for us to try and get your medication authorized.**

Name Date of birth:

Ins. Company: ID#

Subscriber Name Group#

Craddock Physician:

Name of medication being prescribed:

Reason the medication is being prescribed:

Have you taken any other medications for this same problem?

If so, please list the name of the drug, dates of therapy:

_____

How long have you been on this medication? _____

When was this medication first prescribed? _____

What is the name of the physician who first prescribed the medication?

Did you receive any samples of the medication in the office?

List any other information that may be pertinent to this medication request that may be helpful to your insurance company:

_____

Do you have a prescription copay? _____ Amount: _____

I, _____ hereby certify that the above information is
Patient name

Accurate and complete to the best of my knowledge.

_____ _____

Patient's signature Date