



## **Prior Authorization Policy**

Our providers may prescribe medications that require a Prior Authorization from your insurance company. Please note that there will be a \$25 fee if you would like for our office staff to complete a prior authorization for medication on your behalf. As the Prior Authorization process can take additional time to complete, we ask that any prior authorization requests are made two weeks prior to when the medication needs to be filled.

If you would prefer not to pay the prior authorization fee of \$25, you do have the option to complete the prior authorization yourself. For more information on how to complete this process, please contact your insurance company.

Please note that the prior authorization may be denied by your insurance even in spite of payment. This fee is an administrative fee, not a guarantee that the prior authorization will be approved.

---

**Patient Name or Parent/Legal Guardian**

---

**Patient Name or Parent/Legal Guardian Signature**

---

**Date**