



**FACILITY RESPONSIBILITY REQUEST**

Fax to: (251) 625-6502 OR (866) 478-7909  
Attn: Admissions & Billing Departments

The pharmacy has received a request for medication and/or item(s) that are not covered by any payer source associated with this resident/patient.

In order for the pharmacy to dispense this medication and/or item(s), a signature of Management from your facility is required. By doing so, the facility is accepting charges for the medication and/or item(s) listed.

**MEDICATION CAN NOT BE DISPENSED UNTIL PAYMENT AUTHORIZATION HAS BEEN OBTAINED.**

FACILITY: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_

Facility Authorizing Agent's Name: \_\_\_\_\_

Facility Authorizing Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Denial: (Circle One)

OTC    Medicaid HMO    Coverage Terminated    Refill Too Soon    Pharmacy Not Contracted

Other: \_\_\_\_\_

**Please note that all payment authorizations are good for the life of the prescription unless otherwise requested.**

Please complete the following information:

1. Medication / Item: \_\_\_\_\_ Qty: \_\_\_\_\_ \$ \_\_\_\_\_

RX #: \_\_\_\_\_ RX Date: \_\_\_\_\_

2. Medication / Item: \_\_\_\_\_ Qty: \_\_\_\_\_ \$ \_\_\_\_\_

RX #: \_\_\_\_\_ RX Date: \_\_\_\_\_

Total Cost \_\_\_\_\_

**7101 Hwy. 90, Suite 300 • Daphne, Alabama 36526**  
**Phone (251) 625-6100 • Fax (251) 625-6502 • Toll Free (877) 770-7923 • Toll Free Fax (866) 478-7909**