



Patient Safety Through Innovation

INSURANCE PRIOR AUTHORIZATION REQUEST

Fax to: (251) 625-6502 OR (866) 478-7909

Attn: Admissions & Billing Departments

Doctor: _____

Fax No.: _____

Patient Name: _____	
Patient ID #: _____	Date of Birth: _____

Medications: _____
Directions: _____
Fill Date: _____

Covered Alternatives: _____

PLEASE CALL: _____
to obtain prior authorization for this medication

PLEASE NOTIFY PHARMACY
WHEN PRIOR AUTHORIZATION PROCESS HAS BEEN COMPLETED

MEDICATION CAN NOT BE DISPENSED UNTIL PRIOR AUTHORIZATION HAS BEEN OBTAINED.

Thank you in advance for your assistance in this matter.

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