

ABOUT YOUR PRESCRIPTION MEDICATION

After carefully reviewing your presenting symptoms, your health status, your medical history, other medications you may be taking and a variety of other factors, your physician will prescribe the medicine, dosage and treatment regimen that he/she believes is best suited to your individual needs. However, please be aware that upon presentation of your prescription for filling at the pharmacy you may be informed that your insurance company has certain restrictions on which medications they will authorize according to your insurance plan (as a money saving device for the insurance provider). Each insurance company determines its own formulary of approved drugs, which they may change at any time, having a possible negative impact on the patient's health and welfare.

It is outside the scope of medical practice for your physician to have to negotiate with your insurance company to get you the medication that he/she has prescribed. Thus, you may be faced with the dilemma of paying for the drugs as prescribed, since they are not "covered" by your particular insurance company/plan, or delaying getting your prescription and calling the physician to engage him/her in a process to negotiate with your insurance provider to see if authorization can be obtained by appeal. This of course takes additional time in the doctor's schedule and will result in additional costs to you that IS NOT covered by insurance, ranging from \$25 or more depending on the complexity of the review process that your insurance provider demands. This fee is the responsibility of the patient and must be paid regardless of the outcome of the review (medication is approved or denied). The fee is for the doctor's time completing the review with the insurance company; it does NOT guarantee or pay for the approval from the insurance company.

We are truly sorry for any inconvenience caused by this convoluted process, but we are powerless to do anything about it. Your insurance company and you are in control of this situation.

Patient Signature: _____ Date: _____

Patient's Printed Name: _____