Diabetes & Glandular Disease Clinic, P.A.
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Dear Patient,

We want to take a moment to explain what a **prior authorization (PA)** is and help you understand what to expect during the process.

A **prior authorization** is a requirement from your insurance company that asks your healthcare provider to submit documentation before they will agree to cover certain medications, devices, or services. This process is used by insurance companies to determine if the request meets their coverage criteria.

Some prescriptions, especially for newer or specialty medications and devices—require prior authorization (PA) from your insurance before they will cover the cost.

What You Should Know:

- A PA is a request we submit to your insurance to show medical necessity for the prescribed medication or device.
- The process may take 1–2 weeks (or longer), depending on your insurance plan.
- Approval is not guaranteed. Even with detailed documentation, some requests are denied.

What Happens Next:

1. Our office will submit the PA as soon as the request has been received from your pharmacy.
2. We'll contact you with any updates or if more info is needed.
3. If approved, your pharmacy will process your medication.
4. If denied, we'll discuss:
    - Filing an appeal
    - Other treatment options
    - Possible cash-pay or assistance programs

Your Role:

✓ Stay in touch with your pharmacy

✓ Respond quickly if your insurance contacts you

We understand that this process can be frustrating, and our goal is to help advocate for you to receive the care you need.

Thank you for your patience and understanding,

Diabetes & Glandular Disease Clinic