Coastal Kids Endocrinology & Weight Management
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# Prior authorization process

Your insurance requires authorization for medication(s), medical devices/durable medical equipment (e.g. insulin pump, insulin pen, continuous glucose monitor etc.), imaging studies (e.g. x-ray, ultrasound, MRI or CT) we may order for you.

**Please read this letter carefully**

- Authorization means that your insurance would not pay for the medicine, device or testing from the first request. We submitted a prescription or order, but this is not enough for them. They may prefer another, cheaper or generic medication to be tried first or they may not approve this medication or service for the diagnosis you have at all.

- Submitting authorization does not automatically mean that the medication request will be granted. **You must have "a plan B" knowing what to do if the authorization takes a long time or is not accepted altogether.**

- Prior authorization is an arduous process for medical practices. It requires extra staff to go back and forth with your insurance to try to convince them to pay for what was deemed necessary by your provider.

- Prior authorization is provided by medical practices as a free service and not compensated for by patients or insurance companies. The staff involved and the amount of time spent on this process is uncompensated for.

- Despite our best effort to complete the process in a reasonable time, it can take up to 4-6 weeks to finalize the process, and it does not guarantee desired outcome.

- You always have the option of obtaining all your records including notes and labs from us, submitting them, and communicating directly with your insurance if you prefer.

Thank you