

Patient Checklist: Submitting Your Own Prior Authorization

You can use this checklist to submit a prior authorization (PA) yourself for medications, tests, or procedures.

1. Check if prior authorization is required

- Find your insurance card.
 - Call the member services number or log in to your member portal.
 - Ask: “Does [name of medication/test/procedure] require prior authorization under my plan?”
 - Ask: “Are there covered alternatives that do NOT need prior authorization?”
 - Ask: “How and where can I submit a prior authorization request myself?”
 - Write down: date, time, representative’s name, and any case/reference number.
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2. Gather your information

- Your full name, date of birth, address, phone number.
 - Your insurance member ID number and group number (if listed).
 - Doctor’s name, office address, phone, and fax number.
 - Exact name of medication/test/procedure.
 - For medications: dose and how often you take it.
 - For tests/procedures: location (clinic, hospital) and planned date if known.
 - Your diagnosis or condition (if you know it).
 - List of treatments/medications tried before, with dates and why they were stopped.
 - Copies of visit summaries, test results, imaging reports related to this condition.
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3. Get the correct prior authorization form

- Go to your insurance company’s website.
 - Search for “prior authorization form” (medical or pharmacy, as needed).
 - Download/print the correct form for your request.
 - If you cannot find it, call and ask them to:
 - Mail, fax, or email the form to you, OR
 - Tell you how to submit the request online.
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4. Fill out the patient sections

- Complete patient information (name, DOB, ID, contact info).
 - Complete service/medication details (name, dose, frequency, quantity, or number of visits).
 - Write your diagnosis/condition, if requested.
 - Use any “history” section or blank space to list:
 - What you have tried before and results.
 - How your condition affects daily life (work, sleep, activities).
 - Sign and date any patient signature lines.
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5. Collect supporting medical records

- Call your doctor’s office.
 - Say you are submitting your own PA and need supporting records.
 - Request: clinic notes, test results, imaging reports, and diagnosis related to this request.
 - Ask for copies you can attach (do not give away your only originals).
 - Check that records show:
 - Diagnosis.
 - Why this medication/test/procedure is needed.
 - What has already been tried and outcomes.
 - Attach copies of these records to your PA form.
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6. Submit your prior authorization

- Confirm acceptable submission methods with your insurance (online, fax, mail).
 - If online:
 - Log in and upload the form and attachments where instructed.
 - If fax:
 - Fax the form and all records to the correct number.
 - Keep the fax confirmation page.
 - If mail:
 - Mail copies with tracking, if possible.
 - Keep a full copy or photos of everything you submit.
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7. Track status of your request

- Wait 2–5 business days (or as told by your plan), then call your insurance.

- Say you are checking status of a prior authorization you submitted yourself.
 - Provide: name, DOB, member ID, date you submitted, and service/medication name.
 - Ask:
 - “Is my PA request in your system?”
 - “What is the case or reference number?”
 - “Is it standard or urgent?”
 - “What is the expected decision date?”
 - Write all information in a simple log (date, who you spoke with, what was said).
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8. After the decision (approval or denial)

- Watch for a letter or portal message with the decision.
 - If **approved**:
 - Note approval start and end dates.
 - Note any limits (visits, quantity, refills, location).
 - Call your doctor’s office or pharmacy to confirm they see the approval and can proceed.
 - If **denied**:
 - Read the denial reason carefully.
 - Call your insurance to ask how to appeal and the deadline.
 - Inform your doctor and ask them to help with an appeal or peer-to-peer review.
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9. Safety and cost reminders

- Do not delay urgent or emergency care while waiting for PA.
- Ask about expected costs (copay, deductible, coinsurance) after approval.
- Keep this checklist and your notes with your medical papers for future requests.