

Prior Authorization Letter

Process Authorizations On Your Behalf



Phone +1.832.939.8137

Fax: +1.832.939.8128

DeliverIT Pharmacy will gladly assist you in completing prior authorizations on any medications In order to provide this service for you, please sign below attesting that you're authorizing DeliverIT Pharmacy to complete these authorizations on your behalf. We will keep your office informed and provide status updates during this process.

Prior Authorizations Letter

Prescriber Name		NPI		Date	
-----------------	--	-----	--	------	--

☐ I Authorize DeliverIT Specialty Pharmacy to initiate Prior Authorizations on my behalf.

Prescriber's Signature

X_____

HOW DELIVERIT INFUSION & SPECIALTY PHARMACY CAN HELP

DeliverIT Pharmacy can help you understand a patient's coverage and OOP costs for IV home infusion therapy, prior authorizations, FREE medication deliveries, mobile IV-nurses, one-on-one patient training.



CONTACT your DeliverIT Field Reimbursement Manager who can provide site-of-care education, including site options based on the patient's insurance coverage and requirements.



E-SIGN REFERRAL FORMS Learn more by visiting:
www.deliveritpharmacy.com/referral-forms



DELIVERIT
Infusion & Specialty

Please fax the completed form to: **DeliverIT Pharmacy 1.832.939.8128**

Thank you for allowing us the opportunity to provide pharmacy services for your patients