

Diabetes and Metabolism Specialists
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Dear Patient,

Some medications that may be prescribed by our providers require a Prior Authorization from your insurance company. Effective immediately there will be a \$25.00 fee if you wish to have our office staff complete a prior authorization for medication for you. This Prior Authorization process can take extra time to complete so we ask that you begin the process at least 1 week in advance of when you will need your prescription refill.

_____ (Patient Initials)

The prior authorization process can be completed and submitted by you if you would prefer not to pay the \$25.00 fee. Please contact your insurance company for information on how to complete this process.

_____ (Patient Initials)

At each visit you will be prescribed enough medication to last until your next appointment. This does not include antibiotics or narcotics, these medications MUST be prescribed by your Primary Care Physician (PCP). If you misplace your prescription, there will be a fee of \$5 for each duplicate generated.

_____ (Patient Initials)

_____ / _____

(Patient Name) / Signature