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Board Certified  
Internal Medicine Specialists

## PRIOR AUTHORIZATION REQUEST

Due to the research, paperwork and the amount of time required to call insurance companies regarding your prior authorization, our office is charging a fee of \$25.00 per request for this service. Please be aware that this does not automatically guarantee that the insurance company will approve this request. Your signature below acknowledges your agreement to the above information.

Allen M. Hoffman, MD

\_\_\_\_\_  
Patient Name Date

Richard L. Griffith, MD, PhD

\_\_\_\_\_  
Day Time Phone Evening Phone

R. Scott Mills, MD

\_\_\_\_\_  
Insurance Company (Do we have a current copy of card?)

Steven Lenhard, MD

Elise Pacitti, RN, MSN, FNP

\_\_\_\_\_  
Medication Requested/Directions/Prescribing Physician

Susan Saulsbery, RN, MSN, FNP

Pam Tinsley, RN, FNP

\_\_\_\_\_  
Medical Condition For Which Drug Is Being Requested

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medications Tried and Failed

\_\_\_\_\_  
Pharmacy Phone Number