



Aurora Direct Network T (262)787-2800
Medical Management Department F (262) 787-2789
12500 W. Bluemound Road, #303

AURORA MEDICAL MANAGEMENT

Medical Exception/Preauthorization Request Form

Name Brand VS Generic Drug Therapy

Please complete form and fax to 1-262-787-2789

(Please print)

Patient Name _____ **Today's Date** _____

Patient Insurance ID # _____ **Patient Date of Birth** _____

Physician _____ **Specialty** _____

Physician Address _____ **Physician Office Contact** _____

Physician Office Phone _____ **Physician Fax** _____

Drug Requested/Dose Schedule _____

Duration of therapy desired (after which approval is cancelled) _____

Diagnosis _____

THIS REQUEST MUST BE ACCOMPANIED BY PHYSICIAN PROGRESS NOTES THAT DOCUMENT THE TRIAL OF THE GENERIC EQUIVALENT (S) AND SUBSEQUENT LACK OF EFFICACY AND/OR CONTRAINDICATIONS OF THE GENERIC EQUIVALENTS.

AURORA MEDICAL MANAGEMENT DETERMINATION:

- APPROVED**
- DENIED** (See attached letter)
- INCOMPLETE INFORMATION:**
Must complete or submit: _____
- OTHER**