



www.cloudtophealth.com

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Created By:

Test Pharmacy

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AUTHORIZATION REQUEST

PATIENT: TEST PERSON 01/01/1901
MEDICATION: ADAPALENE GEL 0.3%

Hello,

The patient's insurance requires authorization for this prescription.
Please check one of the options below:

- Authorize CloudTop Health to submit the request
- Office will submit the request
- Find covered alternatives
- Cancel Request

If you would like us to assist, send a copy of the **relevant chart notes** with any medications tried and failed **along with this form**.

You may also complete the optional questionnaire. Completing the questionnaire results in more accurate and faster determinations.

Sincerely,

CloudTop Health

I authorize CloudTop to complete and submit all necessary paperwork and follow up on the request on the prescriber's behalf. I allow CloudTop to be listed as the primary point of contact for the request. I certify that all information submitted to CloudTop is true and accurate to the best of my knowledge