



Prescription Override Request

The Prescription Override process will be followed in the instance when RESTAT has denied a prescription stating that the requested medication needs prior authorization from the Plan. Please have ordering physician complete the below information and fax to Prescription Overrides at (239)403-9028.

Policy Holders ID # _____

Policy Holders Name _____

Patient Name _____

Date of Birth _____

Name of Medication _____

Primary Diagnosis _____

Provider Telephone # _____

Provider Tax Identification# _____

Provider signature _____

Completed by _____

Note: Once our office has received the request a determination will be made within 24 hours from when the form was received. Sometimes medical records may be required in order to determine medical necessity/appropriateness prior to approval. To check on status please call Customer Service at (239)403-7884, press 1.