

PATIENT CHECKLIST WHILE WAITING

What to do while your prior authorization is under review

There are practical steps you can take to prevent delays and be prepared for any outcome.

This guide is for informational purposes only and does not constitute legal, medical, or financial advice.

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Confirm the Request Was Submitted

- Ask the provider's office if the request has been submitted
- Confirm the date of submission
- Ask which insurer or benefit manager it was sent to
- Request a reference number if available
- Verify your insurance information on file is current
- Confirm the correct medication or procedure was listed

Some delays occur simply because the request was not sent or was sent to the wrong payer.

Monitor All Communication Channels

- Check your patient portal regularly
- Check voicemail and email
- Open all mail from your insurance company
- Respond promptly to any requests for information
- Inform the office if your contact information changes
- Log all communications in a contact log

Gather Supporting Records in Advance

Do not wait until these are requested. If additional information is needed, having records ready can save days or weeks.

- Pharmacy medication history printout
- Records from other providers
- Prior imaging or test reports
- Physical therapy documentation
- Hospital or ER visit summaries
- Documentation of prior treatments tried

Understand Typical Timelines

Request Type	Typical Timeframe	What You Can Do
Standard (non-urgent)	Up to 14-30 days depending on plan	Follow up if no response after 2 weeks
Urgent / expedited	72 hours in most cases	Ask the office to submit as urgent if medically needed

Concurrent (during active treatment)	Varies — often 24-72 hours	Monitor closely; respond to requests immediately
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Know When to Follow Up

- Contact the provider's office first
- Ask whether the request is pending, approved, or denied
- Confirm whether additional information was requested
- Ask if resubmission or correction is needed
- Record the name of anyone you speak with
- Mark a follow-up date on your calendar

The insurer may communicate primarily with the provider, not directly with you. If you have not heard anything, call your provider's office rather than the insurer first — they often have more visibility into the status of the request.

Track Symptoms and Functional Impact

Changes in your condition may strengthen the request or support an appeal. Use this space to note any changes:

Date	Symptom or Change	Impact on Daily Life	Reported to Provider?

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