

Don't Let Prior Authorization Delay Your Care



Get back to feeling your best—don't let insurance red tape slow you down.

What is Prior Authorization? - Some insurance plans require prior authorization for even highly effective low-cost services like chiropractic care. This means your doctor must obtain approval from your insurance before starting treatment, which can create frustrating delays. Although it's meant to manage costs, this process can prevent you from receiving timely care, leaving the decision of what's "necessary" to insurance providers rather than your doctor.

How This Impacts You



Delays in Care

Waiting for authorization may delay treatment, potentially causing your symptoms to worsen.



Reduced Access to Care

Insurance companies may approve fewer visits than your doctor recommends, impacting your recovery journey.



Undermined Health Care Decisions

Prior authorization denials can undercut the treatment plan you and your physician agreed on, potentially leading to serious health consequences if care is delayed or abandoned.



Take Control



Ask Your Chiropractor

Confirm that your insurer requires prior authorization for your treatment. If so, work with your chiropractor to submit the request early.



Stay Proactive

Check the status of your authorization with your insurance company to avoid unnecessary delays. Also, document every communication that you have with your insurance administrator in order to maintain a clear record in case of future disputes.



Demand Coverage that Works for You

Contact your HR department, insurance carrier, or union representative to request plans that support quality, cost-effective providers without inflated copays.

Key Talking Points for Your Health Insurance Administrator

- “Why do you have policies that create barriers to accessing timely and effective care that helps me manage my condition without opioids.”
- “I’m concerned that delays in authorization might affect my recovery. Can my request be prioritized?”
- “I would like to request that prior authorization requirements be waived for routine or low-cost services.”



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