



Your Infusion Referral

PATIENT GUIDE

Your provider has recommended infusion therapy. We are here to make the referral and authorization process as clear and smooth as possible.

WHAT TO EXPECT

Here's what happens after your infusion order is placed:

1



YOUR INFUSION ORDER IS SUBMITTED

Your provider signs the infusion order and sends it to our infusion team. We review the order and supporting clinical information for completeness.

2



INSURANCE VERIFICATION

Our authorization team verifies your benefits, reviews plan requirements, and requests prior authorization when required. Your insurer may ask for office notes, test results, or treatment history.

3



INSURANCE REVIEW AND DECISION

Most decisions are received in about 1–2 weeks. If more information, a peer-to-peer review, or an appeal is needed, the process may take longer.
Typical processing time: 1–2 weeks.



Time may vary based on your insurance plan.

4



SCHEDULING YOUR INFUSION

After a decision is received, our team will contact you. If approved, we will schedule your infusion and review available benefit information, estimated out-of-pocket costs, and assistance options when applicable.

HOW YOU CAN HELP

These simple steps help keep the process moving smoothly:



KEEP YOUR PHONE AVAILABLE

Answer calls and check voicemail so we can reach you.



REPORT INSURANCE CHANGES

Tell us right away if your insurance or member ID changes.



COMPLETE REQUESTS PROMPTLY

Finish requested labs or paperwork to prevent delays.

FREQUENTLY ASKED QUESTIONS



How long does authorization take?

Most decisions take about 1–2 weeks, but timing varies by plan.



Does approval guarantee payment?

No. Final coverage and cost depend on eligibility and benefits on the date of service.



When will I be scheduled?

We will contact you after the decision is received and the next steps are confirmed.

Thank you for trusting us with your care.

Questions about your authorization status? Call (281) 980-1742.

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