



DON'T LET YOUR MEDICARE ADVANTAGE PLAN DELAY YOUR CARE!

UnitedHealthcare (Optum) and Humana now require prior authorization for chiropractic and other services under your Medicare Advantage plan, meaning your provider must get your plan's approval before your care is covered. This process can result in fewer covered visits than recommended by your doctor, leaving you responsible to pay for needed care that is not approved by your plan. Additionally, the required approval can delay your treatment by up to seven days, potentially compromising your health. Prior authorization can undermine your physician's judgment and lead to serious health consequences if treatment is delayed or abandoned.

What can I do?

Call **Humana**

800-758-5002

Call **UnitedHealthcare**

855-586-3843

(or call the number on the back of your card)



Wisconsin Chiropractic Association

What should I say?

As a valued customer, tell your plan representative:

1. Respect the treatment plan recommended by my physician and agreed upon by me, without unnecessary delays.
2. Do not create barriers to accessing timely and effective care that helps me manage my condition without opioids.
3. Stop the prior authorization requirement for chiropractic and other physical therapy care.