

SAMPLE LETTER OF AUTHORIZATION for Durable Medical Equipment Category.

This sample is for a DME category – in this instance the specific equipment parts are ordered. Specific service dates are listed rather than a monthly time period.

Lakeland Care District

N6654 Rolling Meadows Drive, Fond du Lac, Wisconsin 54937 www.lakelandcaredistrict.org

LETTER OF AUTHORIZATION

Date Issued: 09/29/2010

Listed below are the provider, member, and services covered by this letter of authorization. Please attach this letter when you submit your claim, or include the authorization number on your claim form.

PROVIDER NAME
ATTN:
PROVIDER ADDRESS
FOND DU LAC WI 54935

Provider: ID NUMBER

Member: Member Name Member ID: 00000000
Member Address
City WI Zip

Care Manager: Care manager name
Nurse: Registered nurse name

Authorization #: 1000RELNT0000

Procedure(s)	Units	Rate	Measure	NSC	Start	End
8148	WHLCHR ACCESS PUR	2	ITEM	K0108	09/22/10	09/30/10
8570	REPAIR DME TECH SK 15 MIN	4	15 MINUTES	K0739	09/22/10	09/30/10
8489	PWR WC ACC TUBE FOR TIRE	2	EACH	E2382	09/22/10	09/30/10
8468	PWR WC,PNEUM DRV WHL TIRE	2	EACH	E2381	09/22/10	09/30/10
8472	PWR WC ACC,SLD CSTR TIRE	2	EACH	E2392	09/22/10	09/30/10

Inquiries related to this request/authorization should be directed to the Care Manager or Nurse. Other inquiries can be directed to (920) 906-5100. This authorization is in effect unless there is a change in the client's eligibility or level of services. You will be notified if this occurs.

Lakeland Care District is the final payor. If there is Medicare or Third Party Insurance for this member, the authorization will show the maximum units/dollars authorized. Third party payments could result in an actual payment that is less than this authorized amount.

Please note: Bills will be accepted only for services that have actually been provided to the member. The inability to initiate services on the authorized start date must be reported to the IDT immediately.