

**SAMPLE LETTER OF AUTHORIZATION for a Package Category.**

*This sample is for a package category – in this instance where physical therapy is being approved for the estimated number of units but the specific services provided might be unknown until the physical therapist performs the services.  
The actual specific service provided is billed on the claim form and any detail service approved in the package will get processed.*

# 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: 000000000  
Member Address  
City WI Zip

Care Manager: Care manager name  
Nurse: Registered nurse name

Dates Authorized: 10/01/10 - 10/31/10 Authorization #: **0000CONCO0000**

1 eval; 2x wk x 3 wks/UoM = Each (frequency notation)

Procedure(s)	Units	Rate	Measure	NSC
PPT	PKG PHYSICAL THERAPY	9	UNITS	VARIES

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.