

SAMPLE LETTER OF AUTHORIZATION

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
Neenah,WI 54956

Care Manager: Care Manager Name
Nurse: Registered Nurse Name

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

20HR/MO (frequency notation)

	Procedure(s)	Units	Rate	Measure	NSC
1053	HHC SK NURSG SUBSEQUENT VISIT	80	MA Rate	VISITS	99600

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.