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(LOAONE)

**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*

DATE ISSUED: 10/16/09

FROM: LAKELAND CARE DISTRICT  
50 N. PORTLAND AVE.  
FOND DU LAC, WI 54935

\*\*\*\* PROVIDERS unable to initiate services in accordance with \*\*\*\*  
authorized start date must report delays to IDT immediately

Direct request/authorization inquiries to your Case Manager. Direct other information inquiries 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. LCD is the last payor ... if there is Medicare or Third Party Insurance for this member, the authorization will show maximum units/dollars authorized. Actual payment could be less than this authorization if there were any third party payments.

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PLEASE ATTACH THIS AUTHORIZATION WHEN YOU SUBMIT YOUR CLAIM ...OR INCLUDE THE AUTHORIZATION NUMBER ON YOUR CLAIM FORM. THANK YOU.

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CLIENT: (NAME) CLIENT ID: (NUMBER)  
ADDRESS  
FOND DU LAC, WI 54935  
CASE MGR: CASE MGR NAME  
NURSE : NURSE NAME

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PROVIDER: ID NUMBER  
PROVIDER NAME  
PROVIDER ADDRESS (FOR MAILING LOA'S)  
FOND DU LAC, WI 54936-1436

CONTACT PERSON: CONTACT PERSON'S NAME

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Dates Authorized: 01/26/09 - 01/31/09 Authorization #: **0901STAGN8675**  
~1 eval; 2 x wk x 3 wks/UoM = EACH (frequency notation)

Procedure(s)	FS	Units	Rate	Unit of	
				Measure	National Code
PPT PKG PHYSICAL THERAPY	100	9.00		UNIT	VARIES