

□

(LOAONE)

**SAMPLE LETTER OF AUTHORIZATION**

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.

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

-----  
CLIENT: TESTTHREE, THIRD A                      CLIENT ID: 000000003  
TESTING PLACE  
FOND DU LAC, WI 54935  
CASE MGR: Case Manager Name  
NURSE : Nurse Name

-----  
PROVIDER: 83126  
Provider Name  
Provider Address  
FOND DU LAC, WI 54935

CONTACT PERSON: Contact Person Name for LOA's

-----  
Dates Authorized: 01/01/08 - 01/31/08      Authorization #: **0805FDLCN4768**  
~from 2 to 4hrs/wk for May only/UoM = 15 MINUTES

<u>Procedure(s)</u>	<u>FS</u>	<u>Units</u>	<u>Rate</u>	<u>Unit of</u>		<u>National Code</u>
				<u>Measure</u>	<u>Rate</u>	
1504 HHC PERSONAL CARE WRKR 15M <b>(local procedure code number/name)</b>	100	40.00	\$5.73	15 MIN		T1019