



SERVICE AUTHORIZATION FORM

PATIENT INFORMATION

Patient Name: ROWAND, SUSAN
Member/Subscriber ID*: 9934116277 **Intake ID:** 6352659 **Phone:** (609) 220-9163
Address: 2280 ATCO AVE ATCO, NJ. 08004
DOB: 12/12/1964 **Gender:** FEMALE **Marital:** **Height:** 0 **Weight:** 0
Care Giver:
Admit Date: 06/06/2016 **Phone:**
Case Mgr:
Ref. By: MARYANN MAGNES
Ref. From:
Ref. Phone: (609) 519-1928 **Ref. Fax:**
Plan Name: GREAT WEST - NORTHEAST NJ PPO/POS2
Intake Comments:

* Please enter the subscriber ID number in the subscriber ID field of your claim to help ensure timely processing of your claim.

PROVIDER INFORMATION AND SERVICES AUTHORIZED

CARELINK

629 E. WOOD STREET SUITE 201

VINELAND, NJ 08360-3752

Phone: (856) 691-7035 **Fax:** (856) 691-7105 **Contact :** _____

<u>Service</u>	<u>Auth ID</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Units</u>	<u>Prov Rate</u>	<u>Total Units Authed to Date</u>	<u>Delivery</u>
1640 - RN CLINICAL ASSESSMENT, INITIAL (T1001 TF)	42067672	06/04/2016	06/10/2016	1.00 VI	60.00000	1.00 VI	2

<u>Physician Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>	<u>Fax</u>
BRILL, KRISTIN	443 LAUREL OAK RD # 100	VOORHEES	NJ	08043	(856) 741-0122	(856) 365-1180

COMMENT: System Generated Authorization - RCC Initiated: System generated authorization issued to this provider on 06/06/2016 11:42:26 AM.

REAUTHORIZATION REQUESTS SHOULD BE SUBMITTED AT LEAST 72 HOURS PRIOR TO AN AUTHORIZATION EXPIRATION DATE.

This Service Authorization Form does not guarantee payment of services rendered or that the referenced services were reviewed for medical necessity as some services and some plans only require pre-notification of the service. Payment of services is subject to the patient's eligibility on the date of service and the terms of the patient's benefit plan as determined by the applicable health plan. In addition, payment of services is subject to your compliance with the terms of your Provider Agreement and our Provider Manual. You are responsible for verifying the patient's eligibility and benefits with the health plan named on the patient's identification card.

