

ATTN: Molina Healthcare|EMU Utilization Management|Advanced Imaging
|Transplant{Workflow}
200 Oceangate, Suite 100
Long Beach, CA 90802

{CoverPageStmnt}

{MemFirstName} {MemMiddleName} {MemLastName}
{MemAddress1} {MemAddress2}
{MemCity}, {MemState} {MemZipCode}
{ProvFirstName} {ProvLastName}
{ProvAddress1} {ProvAddress2}
{ProvCity}, {ProvState} {ProvZipCode}



Notice of Authorization

{MergeDateTime}

Member Name: {MemFirstName} {MemMiddleName} {MemLastName}

Optional (Care of:) {AgentFirstName} {AgentLastName}

Member ID Number: {HealthPlanID}

Member DOB: {DateOfBirth}

Requesting Provider: {ReferfromName}

Date of Request: {ReceiptDate}

Authorization Number: {AuthorizationID}

Requested Service/Item	Quantity	Dates of Service
{ARequestedService}	{ANumberOfAuthorizedService}	{AStartDate} – {AEndDate}

Dear {MemFirstName}:

{LongPlanName}, thanks you for being a valued member of our plan. We reviewed the request for the service(s) or item(s) listed above. We are pleased to inform you that we have approved the requested service(s) or item(s).

You or your doctor or health care provider may call us if you need more of these service(s) or item(s). Additional service(s) or item(s) require our review and approval. Your request is reviewed by our plan for medical need, plan coverage based on your benefits, health plan guidelines, state and or federal rules. You must be a member of our plan at the time of service.

Please call Member Services at {MemberServices}, TTY: 711, {DaysAndHoursOfOperation} if you have any questions.

Sincerely,



{ShortPlanName}

{AlternateFormatStatement}

{AlternateFormatStatement}

{FederalContractingDisclaimer}