

iConnect Service Authorization

Authorization Details		iConnect ID	46475	PIN	0000210768
Consumer	Yianella Ponce		Recipient ID	7889579349	
Provider	UNITED FAMILY HEALTH CARE INC				
Provider Medicaid ID	103690700		WSC	Mildrey Dominguez	
iConnect Provider Id	18575		Fiscal Year	2022-2023	
Begin Date	09/26/2022		End Date	06/30/2023	
Description	(4221) Respite - Quarter Hour				
Service Code	S5151UC		Units Per	359.00	
Ratio	1:1		Unit of Measure	Quarter	
Rate	\$5.56		Unit Type	15 mins	
Max Approved Amt	\$6088.2		Max Units	1095	

Prior Authorization Data			
SA Status	Approved	PA Number	5022287022
PA Status	Approved	PA Assign Date	
Authorization ID	643742	PA Reject Reason	

Notes
Approximately 359 units per quarter for a total of 1433 units per year.
New provider as per mother's request.