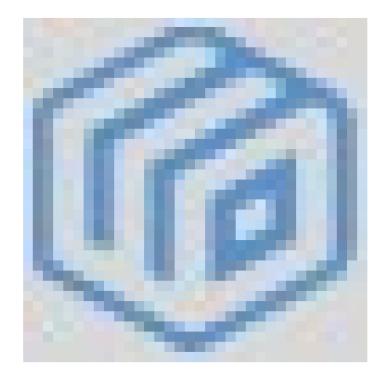
Test Cover Page





Name: Ariel Tope Bates test

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	Authorization				2
	Request for				
28/11/2024				2	



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Nichole Ryan

From: Michelle Rivas <mrivas@mtiamerica.com>
Sent: Friday, November 4, 2022 2:29 PM

To: Michelle Rivas

Subject: Nicolas San Juan Gonzalez- Pricing Authorization Request - Option #2

Follow Up Flag: Follow up Flag Status: Flagged



Pricing Authorization Request for DME

Date: 11/04/2022Prepared By: Michelle Rivas

Claimant Information		Carrier Information		
Claim #	Nicolas San Juan Gonzalez 21388J586185	Carrier Phone	CCMSI - Republic Services 4806272700	
D.O.I. D.O.B. Phone	05/14/2021 05/09/1960 (484) 507-9940	Adjuster E-Mail	Nichole Ryan nryan@ccmsi.com	

Authorized amount as outlined below. Please scroll down and click on approve or deny.

Good Afternoon Nichole, This is an update to inform you that we received your request to provide the injured worker with the below DME. The attached quote is for the add on swing away arm to their existing lift. PLEASE NOTE: They will have to remove the scooter seat to not over exceed max lift capacity, in order for the lift with the swing away arm to accommodate the weight of the scooter. Leaving the seat on is a violation of the weight capacity and will void all warranties and could cause the unit to fail. (The seat weighs approx 28 lbs.) There is not alot of options in the market to accommodate the weight of their scooter with the seat on and have the option of a swing away arm with their vehicle. This is the only option with current lift. Please confirm pricing authorization needed below:

Authorization ID	НСРС	Description	Needed By	Qty	Cost
001-00721089471	E1399	Swing Away Arm & Installation	11/08/2022	1	\$1,957.50
			Causality Ra	ting: %	WC Related

This estimate is good for sixty (60) days and is subject to change. Services authorized beyond this timeframe may require that the pricing be revisited and verified. The fees submitted herein do not include any unforeseen



circumstances that may arise during treatment. Upon any cancellation or withdrawal after this authorization, payer will be responsible for any fees incurred and will be billed accordingly. These fees, once approved, are not subject to bill review or fee schedule reduction.

Please indicate below whether this is approved or denied. If you have any questions regarding this quote, please call 1-800-553-2155 and press option 6

