



## PDN PREAUTHORIZATION INTAKE SHEET

**SENDER:**

Quality One care Home Health INC.

**DATE:**

2024-11-22

**TIME:**

14:20

**PHONE:**

301-658-7141 or 301-658-7142

**PROVIDER:**

Quality One care Home Health INC.

**PROVIDER #:**

420641000

**DR NAME:**

Ben Lakin

**DR PHONE #:**

1-224-966-3668 x6165

**PA:**☒ NEW ☐ RENEWAL ☐ OTHER**DATES OF SERVICE:**

FROM: 2024-11-01

THRU: 2024-11-30

**RECIPIENT IS:**☐ MW ☒ REM ☐ REM OPT Model Waiver**PROCEDURE CODE:**

Code	Type	Units
<input checked="" type="checkbox"/> T1003	LPN	45
<input type="checkbox"/> T1002	RN	0
<input type="checkbox"/> T1004	CNA	0

**PLAN OF CARE:**

as das dasdq341 dasd DASD ASD

**NO. DAYS:**

23

**MAX PER DAY:**

23

**UNITS:**

323

**COMMENTS:****STATUS:****MMIS ENTRY #:**

ADQWE Q

**RSN:**

ASD D

**PA#:**

ASD D ADS Q