



PDN PREAUTHORIZATION INTAKE SHEET

SENDER:	Quality One care Home Health INC.	DATE:	2024-11-22	TIME:	13:27
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
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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
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NO. DAYS:	23	MAX PER DAY:	23	UNITS:	323
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COMMENTS:	<p>asdada aidbiuqwb aiudbiqwjdpansdj napodjaiopijdqwnd asdnpoqwjdoqwjdkjasn sdiopjqw-djapwonsdoinwidjwjdoiasndoiqwpo[</p> <p>djmqowidnqpowjdajnsdoi;jqwpjihriqwbndoasndkl;mao;sikibndoipqwjdo[jwqiodnaks!;md;apwjksd[oqw[jeioqwheoqwnmdklasmd'popoqwkpoejqwiorhqwopdjmklassnm</p>
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STATUS:		MMIS ENTRY #:	ADQWE Q
RSN:	ASD D	PA#:	ASD D ADS Q