



PDN PREAUTHORIZATION INTAKE SHEET

SENDER: Quality One care Home Health INC. **DATE:** 2024-11-20 **TIME:** 22:02

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:

☒ T1003 (LPN) 45

☐ T1002 (RN) 0

☐ 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