



## PDN PREAUTHORIZATION INTAKE SHEET

SENDER:	Quality One care Home Health INC.	DATE:	2024-11-22	TIME:	14:12
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:	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> OTHER
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DATES OF SERVICE:	FROM: 2024-11-01	THRU: 2024-11-30
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RECIPIENT IS:	<input type="checkbox"/> MW <input checked="" type="checkbox"/> REM <input type="checkbox"/> REM OPT Model Waiver
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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:	asdada aidbiuqwb aiudbiqwjdpansdj napodjaiopijdqwnd asdnpoqwjdoqwjdkjasn sdiopjqw-djapwonsdoinwidjwjdoiasndoiqwpo[  djmqqowidnqpowjdajnsdoi;jqwpjihriqwbndoasndkl;mao;sikibndoipqwjdo[jwqi odnaks!;md;apwjksd[oqw[jeioqwheoqwnmdklasm d'popoqwkpoejqwiorhqwopdjmklassnm d
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STATUS:		MMIS ENTRY #:	ADQWE Q
RSN:	ASD D	PA#:	ASD D ADS Q