



PDN PREAUTHORIZATION INTAKE SHEET

SENDER:

Quality One care Home Health
INC.

DATE:

2024-11-
22

TIME:

14:18

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