



## PDN PREAUTHORIZATION INTAKE SHEET

**SENDER:** Quality One care Home Health INC. **DATE:** 2024-11-20 **TIME:** 22:04

**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