[Insert Group Name, Address, Phone Number]

**服務授權通知 （機構）**

日期：[Letter Date]

[Name of Member]

[Address]

重要計劃資訊

|  |  |
| --- | --- |
| 出生日期： | [Date of birth] |
| 會員 ID： | [Member ID] |
| 保健計劃： | SCAN Health Plan® |
| 主治醫生： | [Provider full name] |
| 機構： | [Facility name] |
| 授權/預先認證號碼： | [Authorization number] |

尊敬的會員 [Member First Name] :

[*Use this section for* ***preservice*** *Inpatient authorizations:*]

**我們已批准以下住院時長：**

|  |  |  |
| --- | --- | --- |
| **獲得授權的服務：** | [Insert Authorized Service] | |
| **獲得授權的天數：** | [Number of authorized days – total] | |
| **授權有效期自/至：** | [Authorization Start Date] | [Authorization End Date] |

[*Use this section for* ***concurrent*** *Inpatient authorizations:*]

|  |  |  |
| --- | --- | --- |
| **獲得授權的服務：** | [Inpatient Admission and Services at <facility name>] | |
| **獲得授權的天數：** | <Number of authorized days – total> | |
| **授權有效期間自/至：** | <Admit Date> | <Authorization End Date> |

[REVENUE CODE if applicable]

在向您提供上述服務時，您必須是 SCAN 的會員。

如有疑問，請聯絡：[Group contact information]

 SCAN 會員服務部也可以隨時為您提供幫助：如需更多資訊，請致電我們的會員服務部，電話號碼是 1-800-559-3500。（聽障人士可致電 711）。10 月 1 日至 3 月 31 日期間的服務時間為上午 8 點至晚上 8 點，每週七天。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。在節假日及營業時間之外收到的訊息將在一個工作日內回覆。

[Group department information]

**Note requested provider/practitioner:** Confirm member’s eligibility prior to providing care/service. The care/service is approved only if the member is eligible at the time of service.