[Insert Group Name, Address, Phone Number]

**NOTICE OF AUTHORIZATION OF SERVICES (FACILITY)**

Date: [Letter Date]

[Name of Member]

[Address]

Important Plan Information

|  |  |
| --- | --- |
| DOB: | [Date of birth] |
| Member ID: | [Member ID] |
| Health plan: | SCAN Health Plan® |
| Attending provider: | [Provider full name] |
| Facility: | [Facility name] |
| Authorization/precertification no.: | [Authorization number] |

Dear [Member First Name],

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

**We have approved the following length of stay:**

|  |  |
| --- | --- |
| **Authorized service:** | [Insert] |
| **Number of authorized days:** | [Number of authorized days – total] |
| **Authorization valid from/to:**  | [Authorization Start Date] | [Authorization End Date] |

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

|  |  |
| --- | --- |
| **Authorized service:** | [Inpatient Admission and Services at <facility name>] |
| **Number of authorized days:** | <Number of authorized days – total>  |
| **Authorization from/to:**  | <Admit Date> | <Authorization End Date> |

[REVENUE CODE if applicable]

You must be a member of SCAN at the time the services listed above are provided to you.

If you have any questions, please contact: [Group contact information]

SCAN Member Services is also here to help: Please contact our Member Services number at
1-800-559-3500 for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m.,
7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

[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.