[Insert Group Name, Address, Phone Number]

**服務授權通知**

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® |
| 提出申請的執業醫生： | [Provider full name] |
| 所申請的醫療服務提供者： | [Requested provider full name] |
| 所申請的醫療服務提供者的地址： | [Requested provider address] |
| 所申請的醫療服務提供者的電話： | [Requested provider phone] |
| 所申請的醫療服務提供者的專科： | [Specialty] |
| 授權/預先認證號碼： | [Authorization number] |

尊敬的 [Name of member]：

我們想通知您，[Medical Group/IPA Name] 收到了 [一個申請 *OR* 您的醫生提出的申請]，該申請與[DESCRIPTION OF REQUESTED SERVICE(S)] 有關。

**我們已審核並批准以下服務：**

|  |  |  |
| --- | --- | --- |
| **服務代碼：** | **服務代碼描述：** | **單位：** |
| SERVICE\_CODE1 | [Service Description Code 1] | [Units Authorized 1] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE2 | [Service Description Code 2] | [Units Authorized 2] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE3 | [Service Description Code 3] | [Units Authorized 3] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE4 | [Service Description Code 4] | [Units Authorized 4] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE5 | [Service Description Code 5] | [Units Authorized 5] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE6 | [Service Description Code 6] | [Units Authorized 6] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE7 | [Service Description Code 7] | [Units Authorized 7] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE8 | [Service Description Code 8] | [Units Authorized 8] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE9 | [Service Description Code 9] | [Units Authorized 9] |

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE\_10 | [Service Description Code 10] | [Units Authorized 10] |

**授權有效期自：**[Begin date] **至** [End date]

如需獲取此服務，請聯絡：[SERVICE PROVIDER NAME] [SERVICE PROVIDER PHONE]

在向您提供服務時，您必須為 SCAN 的會員。

如有任何疑問，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，請致電會員服務部，電話號碼：   
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]

**所申請的醫療服務提供者/執業醫生的注意事项：**在提供護理/服務之前確認會員資格。僅在會員擁有接受服務的資格時，才會批准護理/服務。