[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] 收到了關於 [DESCRIPTION OF REQUESTED SERVICE(S)] 的[申請 *OR* 您醫生的申請]。

**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\_CODE 1 | [Service Description Code 1] | [Units Authorized 1] |

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

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| SERVICE\_CODE 9 | [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]

在接受上述服務時，您必須是 SCAN 的會員。如需安排這些服務，請聯絡：[SERVICE PROVIDER NAME] [SERVICE PROVIDER PHONE]。

如有任何疑問，請聯絡：[Group contact information]

SCAN 會員服務部也可為您提供幫助。如需聯絡 SCAN 會員服務部，請致電 1-800-559-3500（TTY 人士可致電 711）。您也可以向會員服務部索取用於作出此決定的資訊的免費副本。這可能包括各種指南和其他文件。會員服務部的服務時間為 10 月 1 日至 3 月 31 日期間，每週 7 天，早上 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，早上 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 before providing care/service. The care/service is approved only if the member is eligible at the time of service.