[Insert Group Name, Address, Phone Number]

**NOTICE OF AUTHORIZATION OF SERVICES**

Date: [Letter Date]

[Name of Member]

[Address]

Important Plan Information

|  |  |
| --- | --- |
| DOB: | [Date of Birth] |
| Member ID: | [Member ID] |
| Health plan: | SCAN Health Plan® |
| Requesting practitioner: | [Provider full name] |
| Requested provider: | [Requested provider full name] |
| Requested provider address: | [Requested provider address] |
| Requested provider phone: | [Requested provider phone] |
| Requested provider specialty: | [Specialty] |
| Authorization/precertification no.: | [Authorization number] |

Dear [Name of member],

We want to let you know that [Medical Group/IPA Name] received [a request *OR* your doctor’s request] for [DESCRIPTION OF REQUESTED SERVICE(S)].

**We’ve reviewed and approved the following service(s):**

|  |  |  |
| --- | --- | --- |
| **Service Code:** | **Service Code Description:** | **Unit(s):** |
| 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] |

**Authorization is valid from:** [Begin date] **to** [End date]

To have the service(s) provided, please contact: [SERVICE PROVIDER NAME] [SERVICE PROVIDER PHONE]

You must be a member of SCAN at the time the services 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.