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Business Psychology Associates

380 E. Parkcenter Blvd., Suite 300, Boise, Idaho 83706

Toll Free 1-800-922-3406

Notice of Service Authorization and/or Change in Service Authorization

Tuesday, April 19, 2011

Provider/Facility Name
Address 1
City, ID 83448 [US]
208-333-3333

Funding Source and Reimbursement Rate: DHW - ATR-III - ATR-III - 100%

Authorization Start Date: 03/28/2011

Expiration Date: 04/26/2011

Consumer Name	Home Phone	Date of Birth	Client ID
Client, Sample	208-222-2222	01/01/1900	610028
Level of Care	Authorization #	# of Units	
SSA - Waiting List Placement - Pending Admission - Assessment ONLY	201100695384	00	

This authorization is limited to the above named provider, the service specified, and is not to exceed the units indicated. This authorization is valid until the above stated expiration date. This voucher expires when the date span ends or the number of units is reached, whichever occurs first. This authorization is not a guarantee of payment. Payment is based on the client's eligibility and contract benefits. Payment will be made at provider's contracted rate minus any client co-payments. Provider will submit claims utilizing the Client ID and Voucher Numbers for reference/authentication. This authorization will terminate if the client transfers to a different level of care. The above named date span and authorized units is subject to change, recipient is responsible for updating their records based upon receipt of changed authorizations.

Should this authorization date span and/or authorized units for the above named authorization number be altered in any manner from preceding authorizations, this letter supersedes all other date span and/or units authorized for the identified authorization number.

Should the authorized service on this letter specify Waiting List Placement, this letter is to inform you that the above named client has been screened as eligible for State of Idaho funding for Substance Use Disorder Treatment.

Should you have any questions please call BPA at 1-800-922-3406.

Sincerely,
Care Management Staff
SAMPLE SSA LETTER

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