Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-0134

Assistive Technology
Authorization/Billing

Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	JOHNNY PUBLIC	02/16/2001	08/12/2002
Telephone No.	**Head of Household**	**Authorization Service Dates**	
314-555-1234	JOHN PUBLIC	08/01/2002 to 03/12/2003	

NICE PROVIDER COMPANY
NICE PROVIDER ASSISTIVE TECHNOLOGY
1170 GOOD ROAD
SAINT LOUIS, MO 63146

Service Coordinator
For inquiries regarding service call:
(866) 711-2573
Payment will be made to:
Nice Provider Company 12-3456789

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral	PCCM Code
A0900000016				

Authorization Section					Billing Section		
HCPCS Code	Type	Description	QTY	Unit Price	Date	QTY	Billed Amount
L1940	Purchase	Afo molded to patient plasti	2	200.50			

Payee Tax ID No.	Patient Account No.	Total Charges	Less Insurance	Net Charges
12-1550000				

Submit bills

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Shawnee Mission, KS

Is this the final claim for this authorization? [ ] Yes [ ] No
Is this a resubmission of a claim? [ ] Yes [ ] No

I certify the above billed services were provided in accordance with the child's Individualized Family Service Plan.

Provider's Signature

Date