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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Authorization

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| I | E | S | J | E | M | T | I | B | M | R | F | Q | C | M | J | E | T | E | L | P | M | O | C |
| E | N | E | E | R | C | S | E | V | I | T | A | C | I | D | N | I | M | A | E | G | A | K | X |
| N | O | T | M | E | D | I | C | A | L | L | Y | N | E | C | E | S | S | A | R | Y | R | K | G |
| X | W | R | J | P | B | S | N | N | H | G | U | T | M | S | H | A | R | E | P | O | I | N | T |
| O | E | B | N | X | I | K | O | Z | M | H | J | I | J | E | V | C | A | B | S | J | C | N | S |
| D | U | R | B | Q | N | M | I | C | V | D | J | A | C | X | V | P | E | T | F | W | T | N | G |
| S | J | Q | N | E | E | B | T | B | A | T | E | L | I | F | P | A | E | E | J | V | O | M | E |
| I | V | M | E | D | W | Z | A | G | O | N | E | S | O | L | C | C | S | Y | R | I | U | I | L |
| N | M | D | K | O | M | M | Z | T | A | Y | G | I | Y | C | A | U | D | E | T | M | X | L | I |
| X | J | J | N | C | E | Z | I | L | R | W | L | X | K | F | G | E | F | P | S | C | Z | E | G |
| S | O | Z | J | S | M | M | R | O | H | E | P | E | Y | P | S | E | O | F | E | F | O | S | I |
| M | F | B | D | I | B | N | O | M | A | O | F | O | S | C | R | E | S | S | U | A | V | T | B |
| Z | T | S | P | S | E | H | H | H | H | Q | I | S | R | E | S | I | T | C | Q | S | E | O | I |
| K | S | S | P | O | R | E | T | N | P | I | W | I | N | A | V | I | A | S | E | U | R | N | L |
| O | X | A | A | N | R | R | U | F | A | F | P | C | C | A | S | M | T | M | R | B | R | E | I |
| Q | S | P | U | G | E | D | A | W | C | T | E | Z | D | E | R | T | U | F | L | S | I | S | T |
| C | H | M | L | A | V | O | N | Q | I | I | F | B | T | M | X | T | S | B | A | C | D | P | Y |
| B | N | O | W | I | I | K | Z | O | D | L | E | O | A | Z | R | K | T | A | I | R | E | Z | I |
| Z | N | C | K | D | E | T | N | L | S | K | N | C | H | D | Z | F | A | T | T | I | S | C | N |
| U | H | E | A | D | W | B | D | M | B | A | E | Z | J | E | O | L | B | T | I | B | S | P | Q |
| V | V | R | E | I | P | P | X | V | I | S | E | H | V | W | P | Z | O | I | N | E | G | T | U |
| P | A | A | F | P | T | S | Z | F | S | E | L | R | A | B | Q | Y | N | D | I | R | B | F | I |
| R | W | C | Z | N | A | L | P | E | R | A | C | L | P | H | B | P | T | E | C | I | T | L | R |
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   REFERENCE ID       SUBSCRIBER ID       REASON DROP BOX       TRANSFER TAB       TYPE       SUBJECT       STATUS TAB       SHAREPOINT       SAVE       OVERRIDES       NOTES       NOT MEDICALLY NECESSARY       NEW MEMBER REVIEW       MILESTONES       MACESS       INITIAL REQUEST       INDICATIVE SCREEN       HISTORY SCREEN       FILE TAB       FACETS       ELIGIBILITY INQUIRY       EDIT TAB       DIAGNOSIS CODE       DESCRIPTION       COMPLETE       CLOSE       CASE OPTIONS       CARE PLAN       CARE COMPASS       APPLY       AUTHORIZATION