

Sample - NIHB MS&E Prior Approval Confirmation Letter

FROM: XXXXXXXXXXXXXXXXXXXX-50-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX HC PROTECTED
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XXXXXXXXXXXXXXXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX, ON A9A 9A9

APPROVAL DATE: DD/MM/CCYY (PA DATE)

TO: XXXXXXXXXXXXXXX-30-XXXXXXXXXXXX
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XXXXXXXXXXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX, ON
A9A 9A9

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DEAR SIR / MADAM

RE: CONFIRMATION OF PRIOR APPROVAL

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CLIENT # : XXXXXXXXXXX (BLANK IF INFANT)
SURNAME : XXXXXXXX-30-XXXXXXXXXXXXXXXXXXXX
GIVEN NAME : XXXXXXXX-30-XXXXXXXXXXXXXXXXXXXX
BAND # : -3-
FAMILY # : X-5-X
DATE OF BIRTH : DD/MM/YYYY
PARENT # : XXX-10-XXX (FOR INFANTS ONLY)

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THIS IS TO CONFIRM THAT PRIOR APPROVAL NUMBER XX-8-XXX HAS BEEN ISSUED FOR THE PROVISION OF THE FOLLOWING ITEM(S), EXCEPT WHERE INDICATED:

Table with 4 columns: ITEM CODE, ITEM NAME, QUANTITY, UNIT COST, FEE, REFILL #, MARKUP, THIRD PARTY, TOTAL APPROVED, START DATE, EXPIRY DATE, MIN QTY PER CLAIM. Includes a large 'M' watermark.

GENERAL COMMENTS

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PLEASE QUOTE PRIOR APPROVAL NUMBER ON YOUR CLAIM SUBMISSION.

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