

Humana Veterans
325 W MAIN STREET, 5TH FLOOR
LOUISVILLE, KY 40202

**Humana Veterans Healthcare Services
Authorization for Care/Specialist Referral**

11/04/2009

THOMAS FILBIN
1073 TAMARACK ROAD
LINO LAKES MN 40214

Your Department of Veterans Affairs medical facility contracted with Humana Veterans Healthcare Services (HVHS) to make arrangements for certain medical services purchased in the community. They authorized HVHS to arrange the following service for you:

WILLIAM WALSH
HEALTH EAST ALLERGY CARE
1690 UNIVERSITY AVE W STE 450
SAINT PAUL, MN 55104-3731

Allergy, General
Phone Number: (651) 326-1044
Auth/Order #: 516X-55
Office Visits Authorized: 56
Procedures Authorized: 3
Referral Expiration Date: 10/07/2009

Appt Date/Time: 08/01/2009 09:00AM

Important Things You Need to Do:

*** Please bring this letter to your scheduled appointment listed above (if applicable).**

* Your wait time should be no longer than 20 minutes from the time of the scheduled appointment. If your wait time is longer than 20 minutes, please report this to HVHS so they ensure that wait times for future appointments are kept timely.

* If you are unable to keep this appointment, need to reschedule, or prefer to see a different provider, please contact HVHS and they will either reschedule your appointment or assist with re-scheduling your appointment with a network provider of your choice.

* HVHS can provide you with directions to the provider's location if needed.

*** If you have not already spoken to the provider listed above, please contact them to obtain any pre-visit instructions.**

* The number to contact HVHS is: **(866)458-6630**. You may call during regular hours of 8:00AM to 5:00PM to speak with a representative.

Important Things You Need to Know:

* Only the specialty services listed above have been approved. Any additional services must be coordinated with the VA through HVHS by your provider.

* The Veteran Health Administration is responsible for paying all claims associated with the above appointment. Payment by the VA is considered payment in full. Please notify HVHS if you receive any request for payment as a result of these authorized services. You may be responsible for inpatient, outpatient and pharmacy co-payments to the VA if you are not otherwise exempt. This bill will come from the VA medical center that referred you for this service and is consistent with co-payment made for services provided at your VA Medical Center.

* A separate authorization for any hospital observation stay or admission is required. Note: Please have the specialist or facility submit a request to HVHS for authorization through the VA before admission.

* Note: All prescriptions must be filled at the VA or issued by the VA in order to be covered.

* To report criminal activity, waste, abuse and mismanagement of VA programs and operations, contact the VA Hotline at 1-800-488-8244.

Care of our veterans is our number 1 priority. Should you have any additional questions related to this authorization, please contact HVHS at (866)458-6630.

11/04/2009

TIMOTHY AARDAHL
490 BRIAN STREET
BEAUMONT TX 40205

Your Department of Veterans Affairs medical facility contracted with Humana Veterans Healthcare Services (HVHS) to make arrangements for certain medical services purchased in the community. They authorized HVHS to arrange the following service for you:

VIJAY KUSNOOR
S E TEXAS CARDIOLOGY ASSOCIATES LLP
2670 MCFADDIN ST
BEAUMONT, TX 77702-1621

Cardiology, Interventional
Phone Number: (409) 833-6488
Auth/Order #: 09212800011
Office Visits Authorized: 4
Procedures Authorized: 5
Referral Expiration Date: 10/23/2009

Appt Date/Time: 07/31/2009 01:00PM

Important Things You Need to Do:

*** Please bring this letter to your scheduled appointment listed above (if applicable).**

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