

Community Care Associates, Inc.
Authorization Letter
Fax # 313-961-3116
1-866-323-3224

**ACCEPTANCE OF THIS AUTHORIZATION LETTER IS FOR PAYMENT
UNDER THE COMMUNITY CARE ASSOCIATES, INC RATE. ALL
LABORATORY SERVICES ARE TO BE SENT TO JOINT VENTURE
HOSPITAL LAB. (JVHL).**

Date Authorized:

Member Name:

Member ID #:

Physician/ Facility:

Service Date:

Diagnosis No.:

Procedure

Procedure Codes:

CCA-Inc Authorization No.

Please send a copy of your report to the member's PCP:

PCP's phone no

Fax no

CCA-Inc Case Management 1-866-323-3224 or 313-961-3100 ext 723/724

Note: Referral is valid for service date on referral and indicated procedures. If additional procedures are needed call Case Management. Failure to authorize additional procedure will result in patient liability.

DISCLAIMER:

Authorization is based on eligibility at the time the service is rendered.

****IF A PROCEDURE OR APPT. IS NOT KEPT, PLEASE REFER THE MEMBER BACK TO THE CASE MANAGEMENT DEPARTMENT.**

**REMIT CLAIMS TO: CCA-Inc
P O Box 44230
Detroit, Michigan 48244**