



AIMS Sacramento
Post Office Box 296120
Sacramento, California 95826
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Approval of Medical Authorization Request

Date: 8-13-08

Dr. Dixon
420 W. Acacia St, Ste 2
Stockton, CA 95203

Sent via fax to: 209-461-7529

RE: Injured Worker: Tiffany Anderson
Employer: San Joaquin County Vector Control
Date of Injury: 6-19-08
Claim Number: VE0700184

Treatment Request

Date of Request: 8-12-08
Date of Receipt: 8-12-08
Type of Review: Prospective
Disposition: Approved

Dear Dr. Dixon:

After careful consideration approval is being extended as follows for the above captioned claim:

Transfer of care to Dr. Murata

Approval is being extended with the following exceptions:

- Approved, but will be reimbursed at the appropriate reasonable rate for the procedure CPT code(s) listed.
- Full amount billed by all providers is not guaranteed for total reimbursement.
- This authorization does not guarantee full payment for your service.
- A recommended allowance will be based on what is accepted as fair and reasonable reimbursement for the same services and geographical area.
- Add time for physical and occupational therapies is not approved.

In order to expedite payment of these services, please attach a copy of this authorization letter to your billing, in addition to other required documents/reports. If you have any questions regarding this approval please feel free to contact me at 916-563-1900 X 242.

Sincerely,
Acclamation Insurance Management Services

Mackenzie Dawson
Claims Examiner