



AIMS Sacramento  
Post Office Box 296120  
Sacramento, California 95826  
Telephone (916) 563-1900  
Facsimile (916) 563-1919

**Approval of Medical Authorization Request**

Date: 9-22-08

Lodi Physical Therapy  
631 South Ham Lane  
Lodi, CA 95242

Sent via fax to: Teresa 209-368-4219

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

**Treatment Request**

Date of Request 9-19-08  
Date of Receipt 9-19-08  
Type of Review: Prospective  
Disposition Approved

Dear Teresa:

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

Physical Therapy 2X4

**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