

AMENDED

PO Box 42049 Phoenix, Arizona 85080-2049 1-866-606-8198 www.TriWest.com

June 15, 2017

George Paul Ojala

RE:

Authorization Number: 0002776145

Valid Dates: Oct 26, 2016 - Oct 26, 2017

Dear George Ojala,

The Department of Veterans Affairs (VA) has confirmed your eligibility to use the Veterans Choice Program to receive the community based services noted below. Under a contract with VA, TriWest has been authorized to approve and arrange for this care and pay your provider claim.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTM	ENT INFO
Office/Outpatient Visit New	99201 - 99205	1	Visit	10/26/2016	11:00 am
Office/Outpatient Visit Est	99211 - 99215	10	Visits		
Routine diagnostic labs CBC UA Che	mistry PT PTT				

Routine diagnostic labs: CBC, UA, Chemistry, PT, PTT

Routine diagnostic radiology: CXR, extremity, abdomen, spine, joints and bones

Servicing Provider:	Specialty:	Family Medicine
Philip Scheel, MD	Phone:	(707) 923-2783
101 W Coast Rd Ste B	Fax:	(707) 923-2543
Redway, CA 95560	NPI:	1922053305

Any routine lab testing, xrays, cardiology clearance testing, immunizations and specific preventive care services when medically necessary for the authorized care, are included in this authorization, whether conducted in the provider's office or by a third-party. Be sure to include this letter's authorization number on the order form for these services. Instruct the lab to include the authorization number when billing TriWest. WPS-VAPCCC, P.O. Box 7926, Madison, WI 53707-7926.

IMPORTANT INFORMATION

- Take this letter, your Choice Card, a current list of medications, a photo ID and any documentation that may have been provided by VA to your appointment or when obtaining any prescriptions.
- · Plan to arrive for your appointment at least 15 minutes before your appointment time.
- This authorization only includes the services listed above; additional care must be approved in advance by VA or TriWest.
- VA will pay primary on all Veterans Choice Program claims with dates of service on or after April 20, 2017.
- Providers should submit all Choice and PC3 claims to WPS (TriWest).
- Please call the provider as soon as possible to confirm your appointment and provide important registration information.
- · When obtaining authorized laboratory, radiology or cardiology services you must use a TriWest network provider. If



AMENDED

PO Box 42049 Phoenix, Arizona 85080-2049 1-866-606-8198 www.TriWest.com

February 03, 2017

George Paul Ojala

RE:

VA Authorization Number: 0002776145 Valid Datës: Oct 26, 2016 - Apr 24, 2017

Dear George Ojala,

The Department of Veterans Affairs (VA) has confirmed your eligibility to use the Veterans Choice Card program to receive the community based services noted below. Under a contract with the VA, TriWest has been authorized to approve and arrange for this care and pay your provider claim.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTM	ENT INFO
Office/Outpatient Visit New	99201 - 99205	1	Visit	10/26/2016	11:00 am
Office/Outpatient Visit Est	99211 - 99215	4	Visits		
Routine diagnostic labs: CBC, UA, Chemi	stry, PT, PTT				

Routine diagnostic radiology: CXR, extremity, abdomen, spine, joints and bones

Servicing Provider:	Specialty:	Family Medicine
Philip Scheel, MD	Phone:	(707) 923-2783
101 W Coast Rd Ste B	Fax:	(707) 923-2543
Redway, CA 95560	NPI:	1922053305

Any routine lab testing, xrays, cardiology testing, immunizations and specific preventive care services when medically necessary for the authorized care, are included in this authorization, whether conducted in the provider's office or by a third-party. Be sure to include this letter's authorization number on the order form for these services. Instruct the lab to include the authorization number when billing TriWest.

IMPORTANT INFORMATION

- Take this letter, your Choice Card, a current list of medications, OHI information, a photo ID and any documentation that may have been provided by VA to your appointment or when obtaining any prescriptions.
- · Plan to arrive for your appointment at least 15 minutes before your appointment time.
- For care to be covered in the Veterans Choice Card program, you must provide information on your coverage by Other Health Insurance (OHI) plans (not including Medicare or TRICARE).
- For treatment of a non-service connected condition, VA is secondary payer to OHI including Workers Compensation or injuries related to other accidents.
- This authorization only includes the services listed above; additional care must be approved in advance by VA or TriWest.
- Please call the provider as soon as possible to confirm your appointment and provide important registration information.

"Whatever It Takes"



AMENDED

PO Box 42049 Phoenix, Arizona 85080-2049 1-866-606-8198 www.TriWest.com

February 03, 2017

George Paul Ojala

RE:

VA Authorization Number: 0002776145

Valid Dates: Oct 26, 2016 - Apr 24, 2017

Dear George Ojala,

The Department of Veterans Affairs (VA) has confirmed your eligibility to use the Veterans Choice Card program receive the community based services noted below. Under a contract with the VA, TriWest has been authorized to approve and arrange for this care and pay your provider claim.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTME	NT :
Office/Outpatient Visit New	99201 - 99205	1	Visit	10/26/2016	11:
Office/Outpatient Visit Est	99211 - 99215	4	Visits		
Routine diagnostic labs: CBC, UA, Chemist	try, PT, PTT				

Routine diagnostic radiology: CXR, extremity, abdomen, spine, joints and bones

Servicing Provider:Specialty:Family MedicinePhilip Scheel, MDPhone:(707) 923-2783101 W Coast Rd Ste BFax:(707) 923-2543Redway, CA 95560NPI:1922053305

Any routine lab testing, xrays, cardiology testing, immunizations and specific preventive care services when medicanecessary for the authorized care, are included in this authorization, whether conducted in the provider's office or be third-party. Be sure to include this letter's authorization number on the order form for these services. Instruct the lainclude the authorization number when billing TriWest.

IMPORTANT INFORMATION

- Take this letter, your Choice Card, a current list of medications, OHI information, a photo ID and any docume that may have been provided by VA to your appointment or when obtaining any prescriptions.
- Plan to arrive for your appointment at least 15 minutes before your appointment time.
- For care to be covered in the Veterans Choice Card program, you must provide information on your coverage of Other Health Insurance (OHI) plans (not including Medicare or TRICARE).
- For treatment of a non-service connected condition, VA is secondary payer to OHI including Workers Compensation or injuries related to other accidents.
- This authorization only includes the services listed above; additional care must be approved in advance by VA
- Please call the provider as soon as possible to confirm your appointment and provide important registration information.



PO Box 42049 Phoenix, Arizona 85080-2049 1-866-606-8198 www.TriWest.com

October 18, 2016

George Paul Ojala

RE:

VA Authorization Number: 0002776145 Valid Dates: Oct 26, 2016 - Apr 24, 2017

Dear George Ojala,

The Department of Veterans Affairs (VA) has confirmed your eligibility to use the Veterans Choice Card program to receive the community based services noted below. Under a contract with the VA, TriWest has been authorized to approve and arrange for this care and pay your provider claim.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTM	ENT INFO
Office/Outpatient Visit New	99201 - 99205	1	Visit	10/26/2016	11:00 am
Office/Outpatient Visit Est	99211 - 99215	2	Visits		
Routine diagnostic labs: CBC, UA, Cher	mistry PT PTT				

Routine diagnostic labs: CBC, UA, Chemistry, P1, P11

Routine diagnostic radiology: CXR, extremity, abdomen, spine, joints and bones

Servicing Provider:	Specialty:	Family Medicine
Philip Scheel, MD	Phone:	(707) 923-2783
101 W Coast Rd Ste B	Fax:	(707) 923-2443
Redway, CA 95560	NPI:	1922053305

Any routine lab testing, xrays, cardiology testing, immunizations and specific preventive care services when medically necessary for the authorized care, are included in this authorization, whether conducted in the provider's office or by a third-party.

IMPORTANT INFORMATION

- Take this letter, your Choice Card, a current list of medications, OHI information, a photo ID and any documentation that may have been provided by VA to your appointment or when obtaining any prescriptions.
- Plan to arrive for your appointment at least 15 minutes before your appointment time.
- For care to be covered in the Veterans Choice Card program, you must provide information on your coverage by Other Health Insurance (OHI) plans (not including Medicare or TRICARE).
- For treatment of a non-service connected condition, VA is secondary payer to OHI including Workers Compensation or injuries related to other accidents.
- This authorization only includes the services listed above; additional care must be approved in advance by VA or TriWest
- Please call the provider as soon as possible to confirm your appointment and provide important registration information.