

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

November 21, 2017

George Paul Ojala

RE:

Authorization Number: 0004516022

Valid Dates: Nov 20, 2017 - Mar 20, 2018

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	APPOINTMI	ENT INFO
Office/Outpatient Visit New	99201 - 99205	1	Visit	11/20/2017	9:15 am
Office/Outpatient Visit Est	99211 - 99215	2	Visits		
Hospital Outpt Clinic Visit	G0463 - G0463	1	Visit		
Servicing Provider:	Specialty: Th	oracic S	urgery (Ca	rdiothoracic Vascu	ılar
Joachim Postel, MD	Surgery)				
2321 Harrison Ave	Phone: (70	7) 445-3	3732		
Eureka, CA 95501	Fax: (707) 445-1722				
	NPI : 1:	5785284	85		

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.
- If VA co-pays apply, the VA will bill you directly.



AMENDED

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

November 30, 2017

George Paul Ojala

RE:

Authorization Number: 0004565780

Valid Dates: Nov 30, 2017 - Dec 07, 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	APPOINTMI	ENT INFO	
Replacement Aortic Valve Opn	33405 - 33405	1	Unit			
Servicing Provider:	Specialty:	Thoracic S	urgery (Car	diothoracic Vascu	ılar	
Joachim Postel, MD	Surgery)					
2321 Harrison Ave	Phone: (Phone: (707) 445-3732				
Eureka, CA 95501	Fax:	(707) 445-1722				
	NPI:	15785284	85			
PROCEDURE	CODE RANGE	QTY	ТҮРЕ	APPOINTMI	ENT INFO	
All Incl R&B/Anc	0100 - 0219	7	Days	11/30/2017	6:00 am	
Servicing Provider:	Specialty: (General Ac	cute Care H	ospital		
St Joseph Hospital	Phone: (e: (707) 445-8121				
2700 Dolbeer St	Fax: ((707) 445-3200				
Eureka, CA 95501	NPI:	18919006	35			

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.

"Whatever It Takes"



AMENDED

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

January 05, 2018

George Paul Ojala

RE.

Authorization Number: 0004565780

Valid Dates: Nov 30, 2017 - Dec 08, 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	APPOINTMENT INFO
Replacement Aortic Valve Opn	33405 - 33405	1	Unit	
Servicing Provider: Joachim Postel, MD 2321 Harrison Ave Eureka, CA 95501	Surgery) Phone: ('	Thoracic S 707) 445-3 707) 445- 15785284	3732 1722	ardiothoracic Vascular
PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTMENT INFO
All Incl R&B/Anc	0100 - 0219	7	Days	11/30/2017
Servicing Provider: St Joseph Hospital 2700 Dolbeer St Eureka, CA 95501	•	General Ad 707) 445-4 707) 445- 18919006	8121 3200	Hospital

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

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