



AGENCY FOR HEALTH CARE ADMINISTRATION

Bureau of Managed Health Care
Subscriber Assistance Program
2727 Mahan Drive, Mail Stop 26
Tallahassee, FL 32308

Internet address: http://ahca.myflorida.com

Invoice No.

SAP \_\_\_\_\_

WORK AUTHORIZATION AND INVOICE for Medical Consultation

SECTION ONE - WORK AUTHORIZATION

The medical consultant named below is authorized and requested to perform consultant services per Section 408.7056, Florida Statutes.

- 1. Consultant: \_\_\_\_\_ 2. SSN\* or Fed Tax ID \_\_\_\_\_
3. Case No.: \_\_\_\_\_ Last First 4. Purpose: \_\_\_\_\_
5. Subscriber's Initials: \_\_\_\_\_ 6. Board Certification: \_\_\_\_\_
7. Requestor's Full Name: \_\_\_\_\_ 8. Requestor's Phone: ( ) \_\_\_\_\_
9. MAXIMUM AUTHORIZED FUNDS: \$ \_\_\_\_\_ (Consultant not to exceed.)
10. Issuing Authority: \_\_\_\_\_
Type/Print Name Signature Date

SECTION TWO - CONSULTANT'S INVOICE FOR SERVICES & EXPENSES

Enter hourly fees below.

Table with 5 columns: (11) Date of Service, (12) Hourly Fee, (13) Hours, (14) Total Fee, (16) Description of Services

ADDRESS TO SEND PAYMENT:

\*Disclosure of your social security account number is voluntary. The Agency for Health Care Administration shall use such information for purposes of internal identification.
However, for payment purposes and Federal reporting, we must have either your social security number or your Federal Tax ID number.

I have performed the services and incurred the expenses referenced above and have not previously billed for same.

GRAND TOTAL FEES \$ \_\_\_\_\_

17. Consultant's Signature: \_\_\_\_\_ 18. Date Signed \_\_\_\_\_

SECTION THREE - REQUESTOR'S ACKNOWLEDGMENT OF SERVICES

The above referenced services have been satisfactorily received.

19. Requestor's Signature: \_\_\_\_\_ 20. Date Signed \_\_\_\_\_

SECTION FOUR - ORIGINATING OFFICE

(To be completed by Agency for Health Care Administration.)

OFFICE SECTION \_\_\_\_\_ DATE INVOICE RECEIVED \_\_\_\_\_

DATE SERVICE REC'D \_\_\_\_\_ DATE SERVICES APPROVED \_\_\_\_\_

APPROVED BY \_\_\_\_\_

OBJECT CODE \_\_\_\_\_ ORGANIZATION CODE \_\_\_\_\_

This form is recommended but not required.