



# Letter of Coverage (L.O.C)

<b>Authorization:</b>	<b>Authorization Date:</b>	<b>Approved By:</b>
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<b>Full Name:</b>	<b>Provider :</b>
<b>Insurance Code:</b>	<b>Insurance Company:</b>
<b>D.O.B:</b>	<b>Policy Holder:</b>

— **Diagnosis**

— **Services**

Total Amount		Total Coverage Limit Denial	
Total Approved C. Amount		Total Annual Limit Denial	
Total Insurance Share		<b>Total Member Share</b>	<b>Member Share</b> Total Denial _____