

**CONSULTATION FORM**

SEND CLAIMS TO:  
Immigration Health Services  
1220 L Street, NW  
PMB 468  
Washington, DC 20005-4018  
Phone: 1.800.479.0523  
Fax: 1.866.475.9349

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. For further guidance and information, contact the Immigration Health Services' Managed Care Branch at 1.888.718.8947, M-F 8AM - 8PM EST.

Please attach a copy of this Treatment Authorization when filing the claim for reimbursement.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
Name: (Last) Rosendo	(First) Lewis-Oropesa
DOB: 09/29/1975	A # 028632737
Nationality: CUBA	Facility: PASSAIC COUNTY JAIL

**AUTHORIZED ACTION:**

Status: Approved - Outpatient Auth #: 20040716793100 Authorizer: Marylouise Ganaway  
BARNERT ER

SUSTAINED MUTIPLE DOG BITES  
LEFT THIGH/LEFT FOREARM

Approved for this ER consult only. Please submit treatment plan and clinical assessment if other care recommended.  
Updated by Marylouise Ganaway on Friday, July 16, 2004

To: (Name and Address to whom referral is being made)

**BARNERT HOSPITAL ER**

**BDWY**

**PATERSON, NJ**

~~CONFIDENTIAL MATERIAL~~

Dialogue: (type of service requested) significant medical or dental factors:

**BARNERT ER**  
**SUSTAINED MUTIPLE DOG BITES**  
**LEFT THIGH/LEFT FOREARM**

Approved for this ER consult only. Please submit treatment plan and clinical assessment if other care recommended.

Updated by Marylouise Ganaway on Friday, July 16, 2004