



## MEALS SERVICE AUTHORIZATION REQUEST

**FROM:**☐ Cook County☐ \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

PCP and/or Specialist (if applicable): \_\_\_\_\_

Case Manager/PCP/Specialist Phone: \_\_\_\_\_

Case Manager/PCP/Specialist Email: \_\_\_\_\_

**TO ILS MEALS**

5200 Blue Lagoon Drive, Suite 500

Miami, FL 33126

**Send Meal Referral to:**

Fax: 305-675-0239

Email: [specialmeals@ilshealth.com](mailto:specialmeals@ilshealth.com)

Toll-Free Number: 1-800-460-7176

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Gender: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Plan ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

Benefit Plan ID: \_\_\_\_\_

The following authorization request has been Certified in Total as a(n) In Network Approval.

**Meal Pack: 10 PACK**☐ One-Time order (1 month)☐ Standing monthly order (up to 6 months)☐ Regular☐ Diabetic☐ Gluten Free☐ Pork Free☐ Fish Free**Service Provider:**

ILS Meals

5200 Blue Lagoon Drive, Suite 500

Miami, FL 33126

Phone: 305-262-1292

Fax: 605-675-0238

NPI: 1083764724

**Service Line:**

ICD10: \_\_\_\_\_

Total Quantity of meals approved: 10 meals

ISSUE BY: \_\_\_\_\_

DATE: \_\_\_\_\_