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Salt Lake City, UT 84104

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## RECEIVED VIA FAX/FTP

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APPEAL



Is this an URGENT request?	res i	[]] NO	Original PA Case ID:						
Patient Information									
First Name: Aziza	Last Name: Diop				Phone Number: 4825750372				
Address: 4440 UPTON AVE S	phangananuviripanuviripahani		IINNEAPOLIS		State: MN	ZipCode: 55410			
Date of Birth: 10/8/1979	Gender: Female			Height: 5.6	7 feet	Weight: 245 lbs			
Insurance Information									
Primary Insurance Name: OPTUMRX GOMMERCIAL			Primary Insurance Patient 10 Number: 93924093402						
Primary Insurance Group Number: WEBSERVICE			BIN: 610279		arten da antigo de la proposició de la composició de la composició de la composició de la composició de la comp	PCN: 9999			
Prescriber Information Clinic Name: Nokomis Family Practice									
First Name: Nicole	Last Name: Buehler			פנו על איז הלחלישל אל על על על על על של האנושל אל על אני אני לונו על איז האנושלישל	Specialty: Specialist/Technologist, Other				
Address: 4730 Chicago Ave. City:		City: Mi	nneap	7ij8	State: MN	ZipCode: 55407			
Prescriber NPI Number: 1245483205			Office Contact Person:						
Office Phone Number: 6123130000			Office Fax Number: 6513333166						
Medication / Medical and Dispensing Info						***************************************			
Medication Name: Rhofade 1 % External Cream (Oxymetazoline HCl)									
NDC: 71403000330	Days Supply: 60 Days?			առնջունը իր հունի գիրական հումասից իր իր հունիս կոն հումասից կինականը հունիս	Quantity: 30 Gram				
Directions For Use: Apply topically to face once daily									
Diagnosis: Acne rosacea	ICD Code: £71.9								
Other Medications Tried  No previous tried and failed medications found									
Reason for Appeal Request									
This is for the treatment of persistent fac	cial erytheme d	l/t acne i	rosace	g.					

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#### Prescription Drug Prior Authorization Appeal Request Form

Patient Inform Patient Name:	Aziza A Diop	DOB: 10/8/1979	Plan ID: 9392409340	2
Appeal Note				
This is for the	treatment of persistent fac	cial erythema d/t acne rosacea.		
Pharmacy Mary	, WALGREENS DRUG ST	ORE #02509	Pharmacy Phone: 9529	275548
Pharmacy NPt:	<b></b>		Pharmacy Fax: 952918	
Pharmacy Addr	ess: 4916 FRANCE AVE S	hecases as a construence as a secret as a construence as a construence as a construence and a construence as	., e e e e e e e e e e e e e e e e e e e	54101758
Additional Ce	zminaita		<del>annessa annessa annessa annessa annessa a</del>	
This form has	been electronically signed.		ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED	
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contents of the	se documents is strictly profilb d arrange for the return or des	ited. If you have incorned this information in	error, please notify the s	emder framediately (was
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