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United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

1355 South 4700 West
Salt Lake City, UT 84104



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A UnitedHealth Group Company

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APPEAL**Appeal Prescription Drug Prior Authorization Request Form**

Is this an URGENT request?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Original PA Case ID:	
Patient Information					
First Name: Aziza		Last Name: Diop		Phone Number: 4025750372	
Address: 4440 UPTON AVE S		City: MINNEAPOLIS		State: MN	ZipCode: 55410
Date of Birth: 10/8/1979		Gender: Female		Height: 5.67 feet	Weight: 245 lbs
Insurance Information					
Primary Insurance Name: OPTUMRX COMMERCIAL			Primary Insurance Patient ID Number: 93924093402		
Primary Insurance Group Number: WEBSERVICE			BIN: 610279		PCN: 9999
Prescriber Information					
Clinic Name: Nokomis Family Practice					
First Name: Nicole		Last Name: Buehler		Specialty: Specialist/Technologist, Other	
Address: 4730 Chicago Ave.		City: Minneapolis		State: MN	ZipCode: 55407
Prescriber NPI Number: 1245483205			Office Contact Person:		
Office Phone Number: 6123130000			Office Fax Number: 6513333166		
Medication / Medical and Dispensing Information					
Medication Name: Rhofade 1 % External Cream (Oxymetazoline HCl)					
NDC: 71403000330		Days Supply: 60 Days?		Quantity: 30 Gram	
Directions For Use: Apply topically to face once daily					
Diagnosis: Acne rosacea			ICD Code: L71.9		
Other Medications Tried					
No previous tried and failed medications found					
Reason for Appeal Request					
This is for the treatment of persistent facial erythema d/t acne rosacea.					

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