

## Durable Medical Equipment Treatment Authorization Request

Routine Request	Modification/Extension	Retroactive Request	Urgent Request
FAX: (323) 889-6504	FAX: (323) 889-6504	FAX (323) 889-6504	FAX: (323) 889-5403

**Important: Scheduling issues do not meet the definition of an urgent request.** The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee.

<b>Patient Information</b>		<b>Language spoken:</b> English	
Member's name: Ryan Jarvis	DOB: 06/26/2006	Gender: M	F <input checked="" type="checkbox"/>
Street address: 93749 Brittany Views Apt. 816	City: Shepherdborough	State: Indiana	ZIP code: 64472
Member's plan ID number: 45845872231	Effective date: 03/27/2016	Phone: +13424183925	

<b>Service Information</b>			
Referral requested by: Shaw-Smith	Phone: +14951594066 FAX: +18738146542		
Request date: 12/20/1998	Referred to (servicing provider): Ram Stam, MA	NPI/Tax ID: 3665097499	Specialty: Neurology
Servicing provider's full address: 57495 Amanda Course Christinamouth, NH 25056	Phone: +17490676946	FAX: +13190426397	
Facility name: Lake Mario	NPI/Tax ID: 3454311663	Phone: +19070666702	FAX: +17199288652

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 92132	CPT/HCPC description: Cpmtr ophth dx img ant segmt
ICD-10 code(s): Q17.2	Dx description: Microtia

<b>For modification/extension requests:</b>	
Date last authorized: 10/09/2008	Previous Blue Shield Promise authorization number: 61160929542
MD/NP/PA justification for request: Cpmtr ophth dx img ant segmt is a clinically-proven imaging tool that provides detailed information on the anatomy and pathology	
Requesting provider's name (please print): Bob Faylor, PA	Provider's signature: Bob Fa

Accident?	If yes, where did he accident occur?
Yes No <input checked="" type="checkbox"/>	Home Work Auto Other:
IPA responsibility? Check box, if yes	IPA authorization number:
	Dates of service authorized (from/to): -

PLEASE ATTACH THE LATEST AVAILABLE MEDICAL RECORDS AND PROGRESS NOTES. THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. PLEASE CHECK ELIGIBILITY BEFORE RENDERING SERVICE. Payment will not be made for unauthorized services. All lab and x-rays must be ordered/performed by contracted providers. If you are unsure whether the provider is contracted with Blue Shield of California Promise Health Plan, contact Blue Shield Promise's Utilization Management Department at (800) 468-9935. Specialist findings must be sent to the member's primary care physician.