WEST ANAHEIM MEDICAL CENTER

3033 W. ORANGE AVENUE
ANAHEIM, CA 92804

TO: Blue Shield PPO FAX: 844-295-4637 PHONE:	FROM: **EMERGENCY DEPARTMENT** FAX: **714-229-4059** PHONE: **714-229-4088**

MESSAGE:

REGARDS,

WAMC ER

ATTENTION

Thank you for your cooperation.

blue california

Promise Health Plan

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.

Patient Information	**Language spoken:** English		
Member's name: Mrs. Hannah Davis MD		DOB: 11/23/2015	Gender: M ✔ F
Street address: 6905 Jacobs Corner	City: New Laurieburgh	State: Nevada	ZIP code: 39124
Member's plan ID number: 43400971494		Effective date: 05/12/2010	Phone: +12505965184

Service Information			
Referral requested by: Bradley Ltd		Phone: +12918276420	FAX: +17579516164
Request date: 10/25/2000	Referred to (servicing provider): Bob Faylor, PA	NPI/Tax ID: 8248064117	Specialty: Neurology
Servicing provider's full address: 368 Myers Row Apt. 828 Gravesfurt, MO 98240		Phone: +11964708407	FAX: +11738539123
Facility name: Baxterfurt	NPI/Tax ID: 9268196775	Phone: +19934236695	FAX: +10831517410

Service(s) Requested:	
CPT/HCPC code(s): A9517	CPT/HCPC description: I131 iodide cap, rx
ICD-10 code(s): T00.9	Dx description: Multiple superficial injuries, unsp
For modification/extension requests:	
Date last authorized: 05/25/2020	Previous Blue Shield Promise authorization number: 41020267403
MD/NP/PA justification for request: Iodine-131 (I-131) is a radioactive isotope of iodine that is often used in the treatment of certain types of	
Requesting provider's name (please print): Dr. A1my Shaw, MD	Provider's signature: Dr. A1

Accident?	If yes, where did he accident occur?
Yes No ✔	Home Work Auto Other:

IPA responsibility? Check box, if yes ✔	IPA authorization number: 10395895662
	Dates of service authorized (from/to): 09/22/22 - 10/01/22

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.

FakeDoc M.D.

HEALTH INTAKE FORM

Please fill out the questionnaire carefully. The information you provide will be used to complete your health profile and will be kept confidential.

Date: 9/14/19

Name: Sally Walker DOB: 09/04/1986

Address: 24 Barney Lane City: Towaco State: NJ Zip: 07082

Email: sally.walker@cmail.com Phone #: (906) 917-3486

Gender: F Marital Status: Single Occupation: Software Engineer

Referred By: None

Emergency Contact: Eva Walker Emergency Contact Phone: (906) 334-8926

Describe your medical concerns (symptoms, diagnoses, etc):

runny nose, mucas in throat, weakness, aches, chills, tired

Are you currently taking any medication? (If yes, please describe):

Vyvanse (25mg) daily for attention

Texas Standard Prior Authorization Request Form for Health Care Services

Clear Form | Print

Section I — Submission

Issuer Name:	Phone:	Fax:	Date:
Sanchez, Mora and Wall	+10727611604	+13195058295	02/09/2001

Section II — General Information

Review Type: ☑ Non-Urgent ☐ Urgent	Clinical Reason for Urgency:	UqPiAgTUNVPWfGoADqhZxolBx	
Request Type: ☐ Initial Request ☑ Extension/Renewal/Amendment	Prev. Auth. #:	1-907138-27-7	

Section III — Patient Information

Name:	Phone:	DOB:	☑ Male ☐ Female ☐ Other ☐ Unknown
Dawn Taylor	+15082697589	04/22/1972	

Subscriber Name (if different):	Member or Medicaid ID #:	Group #:
Anthony Miller	45506355527	978-0-7020-1675-2

Section IV — Provider Information

Requesting Provider or Facility		Service Provider or Facility	
Name: Dr. Kareen Sharm, MD		Name: Dr. Peter Pan, MD	
NPI #: 8186281088	Specialty: Urology	NPI #: 6330056983	Specialty: Nuclear Medicine
Phone: +14309112679	Fax: +15611593329	Phone: +19974418705	Fax: +13887751090
Contact Name: Dr. Ltoen Klak, MD	Phone: +19531214185	Primary Care Provider Name (see instructions): Franklin, Kelly and Richards	
Requesting Provider's Signature and Date (if required): 07/28/1999		Phone: +18973056374	Fax: +17337974737

Section V — Services Requested (with CPT, CDT, or HCPCS Code) and Supporting Diagnoses (with ICD Code)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version___)	Code
Robt lin-radsurg fractx 2-5		09/05/2009	05/26/2010	Hyperchylomicronaemia - E78.3	
X-ray exam of femur 1		04/15/2002	01/12/2003	Pedestrian injured in collision wit - V04.1	
Echo transthoracic		05/05/2018	01/03/2019	Bus occupant injured in noncollisio - V78.6	
Onc thyr dna&mrna 112 genes		12/12/2013	12/04/2014	Malignant neoplasm of other connect - C49	

☑ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other: _____

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☑ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions: 6 Duration: 150 minites Frequency: bimonthly Other: HkaluAGMjABGpEWcsrNX

☑ Home Health (MD Signed Order Attached? ☐ Yes ☑ No) (Nursing Assessment Attached? ☐ Yes ☑ No)

Number of Visits: 25 Duration: 30 minutes Frequency: 2 times a wee Other: tNcAqovKVKVkFOfUwjWY

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)

Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

Section VI — Clinical Documentation (See Instructions Page, Section VI)

The Onc thyr dna&mrna 112 genes test is a valuable tool for confirming a diagnosis of cancer, providing insights into the

An issuer needing more information may call the requesting provider directly at: +19531214185