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: Michele Franklin		DOB: 11/08/1999	Gender: M F ✔
Street address: 851 Robinson Hill	City: Stevenberg	State: Nebraska	ZIP code: 51422
Member's plan ID number: 81560158060		Effective date: 07/22/1995	Phone: +14779822902

Service Information			
Referral requested by: Jones-Gardner		Phone: +19180613510	FAX: +11674003201
Request date: 03/09/2002	Referred to (servicing provider): Dr. Kareen Sharm, MD	NPI/Tax ID: 3377400199	Specialty: General Surgery
Servicing provider's full address: 96355 Clifford Turnpike Davidsonmouth, DC 17477		Phone: +15936962701	FAX: +10484768174
Facility name: New Jason	NPI/Tax ID: 1679652707	Phone: +15734096199	FAX: +13162223310

Service(s) Requested:	
CPT/HCPC code(s): 71270	CPT/HCPC description: Ct thorax dx c-/c+
ICD-10 code(s): Y82.8	Dx description: Other and unspecified medical devic
For modification/extension requests:	
Date last authorized: 04/29/2001	Previous Blue Shield Promise authorization number: 78796395586
MD/NP/PA justification for request: CT of the thorax can provide an important diagnostic tool for clinical assessment and management of a wide variety of thoracic pathologies. A	
Requesting provider's name (please print): Bob Faylor, PA	Provider's signature: Bob Fa

Accident?	If yes, where did he accident occur?
Yes No ✔	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.

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:
Davis-Fuentes	+12543018947	+18720998649	02/20/2010

Section II — General Information

Review Type: ☑ Non-Urgent ☐ Urgent		Clinical Reason for Urgency:	ZCOMxRsizIYRKToAGxSjUbgNy
Request Type: ☑ Initial Request ☐ Extension/Renewal/Amendment		Prev. Auth. #:	0-406-57042-6

Section III — Patient Information

Name:	Phone:	DOB:	☐ Male ☐ Other	☑ Female ☐ Unknown
David Santos	+19754770775	07/24/1947		
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:		
Joshua Gonzalez	10000423589	978-1-254-61091-7		

Section IV — Provider Information

Requesting Provider or Facility		Service Provider or Facility	
Name: Inda Laec, PA		Name: Dr. Kareen Sharm, MD	
NPI #: 3561105176	Specialty: Urology	NPI #: 8946872925	Specialty: General Surgery
Phone: +17044081809	Fax: +15911552422	Phone: +16997447420	Fax: +13605104773
Contact Name: Dr. Peter Pan, MD	Phone: +16383190795	Primary Care Provider Name (see instructions): Skinner-Estrada	
Requesting Provider's Signature and Date (if required): 10/02/1997		Phone: +18291926116	Fax: +18649901091

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
Radiation treatment delivery		02/10/2009	12/19/2009	Enophthalmos - H05.4	
Afluria vacc, 3 yrs & >, im		11/15/2013	01/26/2014	Disorder of sexual preference, unsp - F65.9	
Myocrd strain img spckl trck		12/01/2010	06/28/2011	Chronic salpingitis and oophoritis - N70.1	
Colon CA screen;barium enema		04/30/2020	06/11/2020	Environmental-pollution-related con - Y97	

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

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

Number of Sessions: 7 Duration: 120 minites Frequency: 3 times a week Other: dkGeqYQUeiUSITgoqSMY

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

Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____

☐ 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)

Colorectal cancer is one of the most common causes of cancer-related death in the United States. An estimated 140,000 new

An issuer needing more information may call the requesting provider directly at: +16383190795