

PHARMACY AUTHORIZATION STATUS DETAILS



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Authorization Status Details

Authorization Details: 01/27/2021 - Approved

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Apt
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Authorization Information

Authorization Type:	Pharmacy	Service Level:	Elective
Effective Dates:	01/27/2020 - 01/27/2021	Place of Service:	On Campus-Outpatient Hospital
Status:	Approved	Service:	02RX3 - Other RX Drugs Prior Auth

Patient Information

Authorization For:	JASON D BLAMPIED
Member ID:	80067168202
Medicare ID:	N/A
Medicaid CIN:	N/A
Group:	427159 - SARJO INDUSTRIES INC
Date of Birth:	11/17/2002
Age:	17
Gender:	Male
Address:	191 ULSTER AVE ULSTER PARK, NY 12487
Phone:	(845) 340-1612

Physician Information

Requestor:	CUKAJ, LYNNETTE C.
Practice Name:	BOSTON CHILDRENS HEALTH PHYSICIANS LLP
NPI:	1447250295
Address:	503 GRASSLANDS RD STE 201 VALHALLA, NY 10595-1503
Phone:	(914) 367-0000
Servicing Provider:	ORANGE REGIONAL MEDICAL CENTER
Practice Name:	ORANGE REGIONAL MEDICAL CENTER
NPI:	1609875772
Address:	707 E MAIN ST MIDDLETOWN, NY 10940-2650
Phone:	(845) 333-1000

Requested Service

From	To	Codes	Description	Dose Authorized	Units Authorized	Units Consumed	Status	Reason
01/27/2020	01/27/2021	J1745	REMICADE		7	0	Approved	Approval

The Units Consumed are based on the units billed and not the number of services provided.