



Authorization Information

Authorization # : 25031802710313600007
Status: APPROVED
Processed By:
Place Of Service: OFFICE
LOS: 0
Priority Status: 2 - STANDARD
HP Authorization #:
Request Category:
Service Type:
Decision Date: 3/18/2025
Admit Source:
Facility Code:

Company ID: UPN
Requested Date: 03/18/2025
Time: 14:18:55
Auth/Action Date: 03/18/2025
Expiration Date: 07/16/2025
Authorized Units: 0
Requested Units: 0
Certification Type:
Auth Service Pkg:
Admit Type:
Patient Status:

Patient Mailing Address

3205 W TULARE AVE
VISALIA,CA 93277

Home Phone: (559)410-1298

Patient Information

Patient Name: CASTILLO,REFUGIO
DOB: 7/19/1965
Age: 59.663
Gender: MALE
Memb ID: XDJ92616881C
Healthplan: BCM
PCP OV Co-Pay: N/A
Service Area:

Diagnosis Information

Code	Version	Description	LOINC Code
T19.4XXS	10	FOREIGN BODY IN PENIS, SEQUELA	

Referring Physician Information

Name: CAMARENA, JESSICA ALVAREZ
Provider ID: 1518278688
Specialty: PHYSICIAN ASSISTANT
Address: 1251 DRAPER ST
KINGSBURG,CA
936311934
Phone: (559)646-7048
Fax: (559)216-1515
Service Area:

Performing Physician Information

Name: IPSEN, CORY
Provider ID: 1699440958
Specialty: PHYSICIAN ASSISTANT
Address: 782 MEDICAL CENTER
DR E,STE 311
CLOVIS,CA 936116892
Phone: (559)472-4600
Fax: (559)472-4601
Service Area:

Services

Status	Auth Action	Auth Expiration	Auth Proc Grp	Service	Type	Description	Modifiers				Auth Qty	Co-Pay	Co-Ins	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type Code	Service Line Amount	Line Rate
							1	2	3	4														
				99204	P	OFFICE O/P NEW MOD 45-59 MIN					1.0	0.00	0.00					1.0					0.00	0.00
				99214	P	OFFICE O/P EST MOD 30-39 MIN					6.0	0.00	0.00					6.0					0.00	0.00
				81003	P	URINALYSIS AUTO W/O SCOPE					6.0	0.00	0.00					6.0					0.00	0.00

