

CHRISTOPHER G HAMBY
3788 N EZIE AVE APT 101
FRESNO, CA 93727

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FRESNO, CA 93727



NOTICE OF AUTHORIZATION OF SERVICES

3/18/2025

CHRISTOPHER G HAMBY
1232 E CORNELL AVE
FRESNO, CA 93704

DOB: 10/04/1983
Member ID: XDJ91732984A
Health Plan: ANTHEM BLUE CROSS MEDI-CAL
Requesting Provider: THOMAS ADAIR
Refer to Provider: HAROLD G RAINWATER
Authorization/Precertification Number: 25031802710313600004

Dear CHRISTOPHER G HAMBY,

This notice is to inform you that the coverage for the requested service has been **approved**.

Authorized Service:	99214 - OFFICE O/P EST MOD 30-39 MIN 99204 - OFFICE O/P NEW MOD 45-59 MIN 81003 - URINALYSIS AUTO W/O SCOPE 87184 - MICROBE SUSCEPTIBLE DISK
Number of Authorized Services:	1.00 87086 - URINE CULTURE/COLONY COUNT 87088 - URINE BACTERIA CULTURE
Authorization Valid From/To:	03/18/2025 To 07/16/2025 84153 - ASSAY OF PSA TOTAL 84403 - ASSAY OF TOTAL TESTOSTERONE

Prior authorization/precertification requests are reviewed for medical necessity and plan benefits. Requests for additional visits, treatments, testing, or surgery may require an additional authorization/precertification by United Physicians Network.

All prior authorizations/precertification are administered in accordance with applicable state and federal laws.

Questions? Please call United Physicians Network member services at 888-293-6383, 8:00 a.m. to 5:00 p.m., Monday through Friday.

Sincerely,
United Physicians Network

CC:

HAROLD RAINWATER
6113 N FRESNO ST STE 101
FRESNO, CA 937105207
5594382777

Requested Provider: Please confirm the member's eligibility prior to service. The service is approved only if the member is eligible at the time of service.

English

Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats, including braille, large print, and audio at no cost to you. Call us toll free at 800-407-4627 (TTY 711), or 888-285-7801 (TTY 711) for members in Los Angeles.

Español (Spanish)

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos, incluyendo braille, letras grandes y audio sin costo para usted. Llámenos a la línea gratuita al 800-407-4627 (TTY 711), o 888-285-7801 (TTY 711) para miembros en Los Angeles.

中文(Traditional Chinese)

您在醫療保健、向我們諮詢、或是閱讀我們寄給您的資料時有需要任何的幫助嗎？我們以其他語言和格式提供我們的資料，包括點字、大型字體印刷和音訊格式，您無需支付任何費用。歡迎撥打我們的免費電話 800-407-4627 (TTY 711) · Los Angeles 的會員或可致電 888-285-7801 (TTY 711)。

简体中文标语 (Simplified Chinese)

您是否需要帮助来处理您的医疗保健、与我们交谈或阅读我们给您的材料？我们免费以其他语言和格式提供材料，包括盲文、大字体和音频版本。请拨打免费电话 800-407-4627 (TTY 711) 与我们联系，Los Angeles 会员请拨打 888-285-7801 (TTY 711)。

Tagalog (Tagalog)

Kailangan ba ninyo ng tulong sa inyong pangangalagang pangkalusugan, sa pamamagitan ng pakikipag-usap sa amin o pagbasa sa kung ano ang ipinapadala namin sa inyo? Nagbibigay kami ng aming mga materyal sa ibang mga wika at anyo, kasama ang braille, malaking titik at audio na wala kayong gagastusin. Tumawag sa amin nang walang toll sa 800-407-4627 (TTY 711), o 888-285-7801 (TTY 711) para sa mga miyembro sa Los Angeles.

Tiếng Việt (Vietnamese)

Quý vị có cần chúng tôi giúp với việc chăm sóc sức khỏe của quý vị, trao đổi với chúng tôi, hoặc đọc những tài liệu chúng tôi gửi cho quý vị hay không? Chúng tôi cung cấp các tài liệu bằng các ngôn ngữ và định dạng khác, bao gồm chữ nổi, chữ in lớn và âm thanh, miễn phí cho quý vị. Hãy gọi cho chúng tôi theo số điện thoại miễn cước 800-407-4627 (TTY 711), hoặc 888-285-7801 (TTY 711) dành cho các hội viên tại Los Angeles.

한국어(Korean)

의료 서비스, 당사와의 소통 또는 당사에서 보내는 자료 읽기와 관련해 도움이 필요하십니까? 점자, 대형 활자, 오디오 등을 비롯하여 다른 언어나 형식으로 자료를 무료로 제공해 드립니다. 800-407-4627 (TTY 711) 번으로 연락하시거나 로스앤젤레스 회원은 888-285-7801 (TTY 711) 번으로 무료로 연락하시기 바랍니다.

Հայերեն (Armenian)

Դուք օգնության կարիք ունե՞ք Ձեր առողջապահական խնամքի, մեզ հետ խոսելու կամ մեր կողմից Ձեզ ուղարկվածը կարդալու հարցում: Մենք մեր նյութերը Ձեզ անվճար տրամադրում ենք այլ լեզուներով և ձևաչափերով, այլ թվում Բրայլով, մեծ տպագրությամբ և աուդիո տարբերակով: Los Angeles-ում գտնվող անդամների համար զանգահարե՛ք 800-407-4627 (հեռատիպ՝ 711) կամ 888-285-7801 (հեռատիպ՝ 711) հեռախոսահամարով:

فارسی (Farsi)

آیا در رابطه با مراقبت بهداشتی درمانی خود، گفتگو با ما یا خواندن مطالب ارسالی به شما، به کمک نیاز دارید؟ ما مطالب خود را به سایر زبانها و قالبها شامل خط بریل، چاپ درشت و صوتی، به صورت رایگان به شما ارائه میدهیم. اعضای ساکن لس آنجلس می توانند از طریق شماره رایگان 800-407-4627 (TTY 711) یا 888-285-7801 (TTY 711) با ما تماس بگیرند.

العربية (Arabic)

هل تحتاج إلى مساعدة بخصوص رعايتك الصحية أو التحدث معنا أو قراءة ما نرسله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى، بما في ذلك بطريقة بريل والطباعة بحروف كبيرة والملفات الصوتية، بدون أي تكلفة عليك. يُرجى الاتصال بنا على الرقم المجاني 800-407-4627 (الهاتف النصي 711) أو على رقم 888-285-7801 (الهاتف النصي 711) بالنسبة لأعضاء المقيمين في لوس أنجلوس.

Русский (Russian)

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах, включая шрифт Брайля, крупный шрифт или аудиоформат. Звоните нам по бесплатному номеру 800-407-4627 (TTY 711) или 888-285-7801 (TTY 711) для участников, проживающих в Лос-Анджелесе.

हिन्दी (Hindi)

क्या आपको अपनी स्वास्थ्य देखभाल के लिए, हमसे बात करने के लिए या जो हम आपको भेजते हैं उसे पढ़ने के लिए, मदद की ज़रूरत है? हम अपनी सामग्री को अन्य भाषाओं और प्रारूपों में आपको बिना किसी लागत के उपलब्ध कराते हैं, जिसमें ब्रेल, बड़े प्रिंट, और ऑडियो शामिल हैं। हमें टॉल फ्री नंबर 800-407-4627 (TTY 711) पर कॉल करें, या लॉस एंजेलिस में सदस्यों के लिए 888-285-7801 (TTY 711) पर कॉल करें।

日本語 (Japanese)

ヘルスケアに関してご質問やご相談はありませんか？当社からお送りした資料のことでお困りですか？資料は英語以外の言語のほか点字や読みやすい大きな活字、音声版もご用意しています。いずれも無料です。フリーダイヤル 800-407-4627 (TTY 711)、ロサンゼルスにお住まいの方は 888-285-7801 (TTY 711) までお電話ください。

ភាសាខ្មែរ [Khmer (Cambodian)]

តើលោកអ្នកត្រូវការជំនួយជាមួយនឹងការថែទាំសុខភាពរបស់លោកអ្នក ការពិគ្រោះជាមួយយើងខ្ញុំ ឬការអាននូវអ្វីដែលយើងខ្ញុំផ្ញើជូនលោកអ្នកឬ? យើងផ្តល់ជូនឯកសាររបស់យើងជាភាសា និងទម្រង់ផ្សេងទៀត ដែលរួមមានអក្សរសម្រាប់ជនពិការភ្នែក អក្សរបោះពុម្ពធំៗ និងជាសំឡេង ដោយមិនគិតថ្លៃពីលោកអ្នកឡើយ។ សូមហៅទូរស័ព្ទដោយឥតគិតថ្លៃតាមរយៈលេខ 800-407-4627 (TTY 711) ឬ 888-285-7801 (TTY 711) សម្រាប់សមាជិកនៅក្នុងទីក្រុង Los Angeles។

Hmoob (Hmong)

Koj puas xav tau kev pab hais txog kev saib xyuas mob nkeeg rau koj, tham nrog peb los sis pab nyeem daim ntawv peb xa tuaj rau koj? Peb pab txhais cov ntaub ntawv pub dawb rau koj xws li muab txais ua lwm hom ntawv thiab muab sau ua lwm yam xws li cov ntawv sau rau cov neeg dig muag xuas, muab luam tawm kom loj thiab kaw ua suab lus. Hu peb ntawm tus xov tooj hu dawb ntawm 800-407-4627 (TTY 711), los sis 888-285-7801 (TTY 711) rau cov tswv cuab nyob hauv Los Angeles.

ਪੰਜਾਬੀ (Punjabi)

ਕੀ ਤੁਹਾਨੂੰ ਆਪਣੀ ਸਿਹਤ ਸੰਭਾਲ ਦੇ ਲਈ, ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਜਾਂ ਜੇ ਅਸੀਂ ਤੁਹਾਨੂੰ ਭੇਜਦੇ ਹਾਂ, ਉਸਨੂੰ ਪੜ੍ਹਨ ਲਈ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ? ਅਸੀਂ ਆਪਣੀ ਸਮੱਗਰੀ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ, ਜਿਸ ਵਿੱਚ ਬ੍ਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਆਡੀਓ ਸ਼ਾਮਲ ਹਨ। ਲਾਸ ਅੰਜਲਸ ਵਿੱਚ ਰਹਿੰਦੇ ਮੈਂਬਰ, ਸਾਨੂੰ ਟੇਲ ਫ਼ਰੀ ਨੰਬਰ 800-407-4627 (TTY 711) ਜਾਂ 888-285-7801 (TTY 711) 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹਨ।

ລາວ (Laotian)

ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກ່ຽວກັບການເບິ່ງແຍງດູແລສຸຂະພາບຂອງທ່ານ, ວົມກັບພວກເຮົາ, ຫຼື ອ່ານສິ່ງທີ່ພວກເຮົາສົ່ງໃຫ້ທ່ານບໍ່? ພວກເຮົາສະໜອງເອກະສານຂອງພວກເຮົາໃຫ້ເປັນພາສາອື່ນ ແລະ ຢູ່ໃນຟໍແມັດຕ່າງໆ. ລວມທັງອັກສອນນູນ, ການພິມຂະໜາດໃຫຍ່, ແລະສຽງໂດຍບໍ່ເສຍຄ່າໃດໆ. ໂທຫາພວກເຮົາໄດ້ຟຣີທີ່ເບີ 800-407-4627 (TTY 711), ຫຼື 888-285-7801 (TTY 711) ລ່າ ລັບສະມາຊິກໃນ Los Angeles.

ไทย (Thai)

คุณต้องการความช่วยเหลือเกี่ยวกับการดูแลสุขภาพของคุณ การปรึกษาเรา หรือการอ่านข้อมูลที่เราส่งให้คุณหรือไม่ เราให้บริการข้อมูลในภาษาและรูปแบบอื่นๆ ซึ่งรวมถึงอักษรเบรลล์ การขยายขนาดอักษร และข้อความเสียงโดยไม่คิดค่าใช้จ่าย โทรหาเราฟรีที่หมายเลข 800-407-4627 (TTY 711) หรือ 888-285-7801 (TTY 711) สำหรับสมาชิกในลอสแอนเจลิส

Українська (Ukrainian)

Вам потрібна допомога з медичним обслуговуванням, у розмові з нами або читанні матеріалів, які ми вам надсилаємо? Ми безкоштовно надаємо наші матеріали іншими мовами та в інших форматах, включаючи шрифт Брайля, великий шрифт і аудіо-формат. Телефонуйте нам безкоштовно за номером 800-407-4627 (TTY 711) або 888-285-7801 (TTY 711) для учасників, які мешкають у Los Angeles.

Mienh waac (Mien)

Meih qiemx longc mienh tengx goux mangc taux meih nyei buonh sin heng-wangc nor, ca'laangh caux yie mbuo, a'fai tengx doqc mangc dungh yie mbuo fungx bun meih wuov deix sou fai? Yie mbuo dor sou-muotc jaa-dorngx benx da'nyeic fingz waac daaih bun aengx caux sou-guv daan, lemh jienv nzangc-pokc, aamz benx domh sou-fangx aengx caux waac-qiez bun wang-henh muangx maiv zuqc feix luic meih cuotv nyaanh. Longc wang-henh douc waac fonh yiem naaiv 800-407-4627 (TTY 711), a'fai 888-285-7801 (TTY 711) liouh zuangx mienh muoz haaix dauh yiem njiec Los Angeles.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Anthem Blue Cross follows State and Federal civil rights laws. Anthem does not unlawfully discriminate, exclude people, or treat them differently because of **sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.**

Anthem provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Anthem between Monday and Friday, 7 a.m. to 7 p.m. by calling toll free at 800-407-4627 or 888-285-7801 (TTY 711) for members in Los Angeles. If you cannot hear or speak well, please call (TTY 711). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

For members in Los Angeles:

Anthem Blue Cross
P.O. Box 9054
Oxnard, CA 93031-9054

888-285-7801 (TTY 711) toll free, Monday-Friday, 7 a.m.-7 p.m.

For all other members:

Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007
800-407-4627 (TTY 711) toll free, Monday-Friday, 7 a.m.-7 p.m.

HOW TO FILE A GRIEVANCE

If you believe that Anthem has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with our grievance coordinators. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact our grievance coordinators between Monday and Friday, 7 a.m. to 7 p.m. by calling toll free at 800-407-4627 or 888-285-7801 (TTY 711) for members in Los Angeles. Or, if you cannot hear or speak well, please call (TTY 711).
- In writing: Fill out a complaint form or write a letter and send it to:

For members in Los Angeles:

Grievance Coordinator
Anthem Blue Cross
P.O. Box 9054
Oxnard, CA 93031-9054

For all other members:

Grievance Coordinator
Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

- In person: Visit your doctor's office or Anthem and say you want to file a grievance.
- Electronically: Visit Anthem website at anthem.com/ca/medi-cal

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.

- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
-

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.