



Authorization Information

Authorization # : 25031702700061800004
Status: DENIED
Processed By:
Place Of Service: OUTPATIENT HOSPITAL
LOS: 0
Priority Status: 2 - STANDARD
HP Authorization #:
Request Category:
Service Type: 3 - CONSULTATION
Decision Date:
Admit Source:
Facility Code:

Company ID: UPN
Requested Date: 03/17/2025
Time: 07:26:44
Auth/Action Date: 03/17/2025
Expiration Date: 07/15/2025
Authorized Units: 0
Requested Units: 1
Certification Type:
Auth Service Pkg:
Admit Type:
Patient Status:

Patient Mailing Address

PO BOX 1713
 SAN JOAQUIN,CA 93660

Home Phone: (559)881-7649

Patient Information

Patient Name: MEDRANO,MANUEL
DOB: 2/1/1963
Age: 62.123
Gender: MALE
Memb ID: XDJ95946533E
Healthplan: BCM
PCP OV Co-Pay: N/A
Service Area:

Diagnosis Information

Code	Version	Description	LOINC Code
K40.90	10	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION	

Referring Physician Information

Name: DOSANJH, HARINDER
Provider ID: 1699385476
Specialty: NURSE PRACTITIONER
Address: 517 S MADERA AVE
 KERNAN,CA
 936301523
Phone: (800)492-4227
Fax: (833)918-2250
Service Area:

Performing Physician Information

Name: SAINT AGNES
 MEDICAL CENTER
Provider ID: 1205845567
Specialty: HOSPITAL
Address: 1510 E HERNDON
 AVE,STE 110
 FRESNO,CA 937203333
Phone: (559)450-6742
Fax: (559)450-6743
Service Area:

Facility Provider Information

Name: SAINT AGNES MEDICAL CENTER
Specialty: HOSPITAL
Address: 1510 E HERNDON AVE,STE 110
 FRESNO,CA 937203333

Provider ID: 1205845567
Phone: (559)450-6742
Fax: (559)450-6743

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	Service Line Code	Service Amount	Line Rate
				99204	P	OFFICE O/P NEW MOD	1	2	3	4	1.0	0.00	0.00					1.0							

