Authorization Details 3/18/25, 4:35 PM



Authorization Information

Authorization #: 25031802710313600002

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:

Patient Mailing Address

3554 N DUKE AVE SPC 136 FRESNO,CA 937277833

Patient Information

 Patient Name:
 JESSIE,PAUL L

 DOB:
 2/17/1988

 Age:
 37.079

 Gender:
 MALE

 Memb ID:
 94414435A

Healthplan: HNM **PCP OV Co-Pay:** N/A

Service Area:

Referring Physician Information

Name: LANCASTER, CHASE EDWARD

Provider ID: 1396232203

Specialty: FAMILY PRACTICE **Address:** 4615 N FIRST ST

FRESNO,CA 937260904

Phone: (800)492-4227

Fax: (833)918-2250

Service Area:

Company ID: UPN

 Requested Date:
 03/18/2025

 Time:
 11:18:29

 Auth/Action Date:
 03/18/2025

 Expiration Date:
 07/16/2025

Authorized Units: 0 **Requested Units:** 0 **Certification Type:**

Admit Type: Patient Status:

Auth Service Pkg:

Home Phone: (559)631-5694

Diagnosis Information

Code	Version	Description	LOINC Code			
Z30.2	10	ENCOUNTER FOR STERILIZATION				

Performing Physician Information

Name: BATENI, ZHOOBIN

HEIDARI

Provider ID: 1942762190 **Specialty:** UROLOGY

Address: 782 N MEDICAL

CENTER

CLOVIS,CA 936116889

Phone: (559)472-4600 **Fax:** (559)472-4602

Service Area:

Services

Statu	s Auth	Auth	Auth	Service	Type	Description	Modifiers	Auth	Co-	Co-	Admit	Discharge	Admit	Admit	Req	Req	Cert	Service	Fac	Service	Line
	Action	Expiration	Proc					Qty	Pay	Ins	Date	Date	Type	Source	Qty	Catg	Type	Type	Type	Line	Rate
			Grp				1 2 3 4												Code	Amount	
				99204		OFFICE O/P NEW MOD 45-59 MIN		1.0	0.00	0.00					1.0					0.00	0.00

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