

**Authorization Information**

**Authorization # :** 25031802710316500002  
**Status:** APPROVED  
**Processed By:**  
**Place Of Service:** OUTPATIENT HOSPITAL  
**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:** 10:50:28  
**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**

1010 J ST APT 106  
REEDLEY,CA 936542850

**Home Phone:** (559)393-8706

**Patient Information**

**Patient Name:** ANGEL,VERONICA R  
**DOB:** 8/6/1997  
**Age:** 27.614  
**Gender:** FEMALE  
**Memb ID:** 95446442D  
**Healthplan:** HNM  
**PCP OV Co-Pay:** N/A  
**Service Area:**

**Diagnosis Information**

Code	Version	Description	LOINC Code
<b>Z46.89</b>	<b>10</b>	ENCOUNTER FOR FITTING AND ADJUSTMENT OF OTHER SP	

**Referring Physician Information**

**Name:** COLARIAN, JACOB  
**Provider ID:** 1700958543  
**Specialty:** GASTROENTEROLOGY  
**Address:** 2335 E KASHIAN LN,STE 280  
FRESNO,CA 937012211  
**Phone:** (559)320-1090  
**Fax:** (559)320-0331  
**Service Area:**

**Performing Physician Information**

**Name:** COLARIAN, JACOB  
**Provider ID:** 1700958543  
**Specialty:** GASTROENTEROLOGY  
**Address:** 2335 E KASHIAN LN,STE 280  
FRESNO,CA 937012211  
**Phone:** (559)320-1090  
**Fax:** (559)320-0331  
**Service Area:**

**Facility Provider Information**

**Name:** FRESNO COMMUNITY HOSPITAL & MEDICAL CTR  
**Specialty:** HOSPITAL  
**Address:** 1925 E DAKOTA  
FRESNO,CA 937258888

**Provider ID:** 1104906569  
**Phone:** (559)459-1763  
**Fax:** (559)459-1034

**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	Line Rate
							1	2	3	4														
				43275	P	ERCP REMOVE					1.0	0.00	0.00					1.0					0.00	0.00

					FORGN BODY DUCT														
			00732	P	ANES UPR GI NDSC PX ERCP			1.0	0.00	0.00				1.0				0.00	0.00

