



### Authorization Information

**Authorization # :** 25031802710313600006  
**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:** 14:07:12  
**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

800 MINNEWAWA AVE APT 244  
CLOVIS, CA 936121787

**Home Phone:** (559)900-6659

### Patient Information

**Patient Name:** GARCIA, JOSE J  
**DOB:** 8/22/1987  
**Age:** 37.570  
**Gender:** MALE  
**Memb ID:** 93666717A  
**Healthplan:** HNM  
**PCP OV Co-Pay:** N/A  
**Service Area:**

### Diagnosis Information

Code	Version	Description	LOINC Code
N50.9	10	DISORDER OF MALE GENITAL ORGANS, UNSPECIFIED	

### Referring Physician Information

**Name:** MIZUNAKA, JOCELYN  
**Provider ID:** 1336409820  
**Specialty:** FAMILY PRACTICE  
**Address:** 313 W SHAW AVE  
CLOVIS, CA 936123685  
**Phone:** (800)492-4227  
**Fax:** (833)918-2250  
**Service Area:**

### Performing Physician Information

**Name:** MINOR, THOMAS X  
**Provider ID:** 1356411649  
**Specialty:** UROLOGY  
**Address:** 782 MEDICAL CENTER  
DR, STE 311  
CLOVIS, CA 936116892  
**Phone:** (559)472-4600  
**Fax:** (559)472-4602  
**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
				99204	P	OFFICE O/P NEW MOD 45-59 MIN	1	2	3	4	1.0	0.00	0.00					1.0					0.00	0.00

