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



**Authorization Information** 

**Authorization #:** 25031802710313600011

**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** 

2412 S VIA CERTOSA DR FRESNO,CA 937271003

**Patient Information** 

**Patient Name:** GRAHAM, VALERIE L

 DOB:
 8/26/1990

 Age:
 34.559

 Gender:
 FEMALE

 Memb ID:
 94715171F

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

**Service Area:** 

**Referring Physician Information** 

Name: MARTIN, DERRICK

**Provider ID:** 1417576208

**Specialty:** FAMILY PRACTICE **Address:** 313 W SHAW AVE

CLOVIS,CA 936123685

**Phone:** (800)492-4227

**Fax:** (833)918-2250

**Service Area:** 

Company ID: UPN

 Requested Date:
 03/18/2025

 Time:
 15:40:57

 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:

**Home Phone:** (559)331-9869

**Diagnosis Information** 

Code	Version	Description	LOINC Code
M25.561	10	PAIN IN RIGHT KNEE	

**Performing Physician Information** 

Name: MRI IMAGING CENTER

OF FRESNO INC

Provider ID: 1912935099
Specialty: RADIOLOGY

**Address:** 108 W SHAW AVENUE

FRESNO,CA 937042817

**Phone:** (559)226-2888 **Fax:** (559)226-2887

**Service Area:** 

**Services** 

Status	 Expiration		турс	Description	1	Modi:	3 4				Date	Discharge Date	 -		 	Туре	Type		Rate
		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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