



Authorization Information

Authorization # : 25031802710313600003
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: 11:26:50
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

14073 S ZEDIKER AVE
KINGSBURG, CA 93631

Home Phone: (805)607-4308

Patient Information

Patient Name: SALAZAR, FERNANDO
DOB: 4/9/1985
Age: 39.940
Gender: MALE
Memb ID: XDJ99585833E
Healthplan: BCM
PCP OV Co-Pay: N/A
Service Area:

Diagnosis Information

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

Referring Physician Information

Name: MUDUNURI, SIREESHA NALLURI
Provider ID: 1336650738
Specialty: FAMILY PRACTICE
Address: 1251 DRAPER ST
KINGSBURG, CA
936311934
Phone: (800)492-4227
Fax: (844)742-3430
Service Area:

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

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														
				99204	P	OFFICE O/P NEW MOD 45-59 MIN					1.0	0.00	0.00					1.0					0.00	0.00
				99214	P	OFFICE O/P EST MOD 30-39 MIN					6.0	0.00	0.00					6.0					0.00	0.00
				81003	P	URINALYSIS AUTO W/O SCOPE					6.0	0.00	0.00					6.0					0.00	0.00

