Authorization Details 3/18/25, 4:54 PM



Authorization Information

25031502700251600023 Authorization #:

Status: DENTED

Processed By:

Place Of Service: **OFFICE**

LOS:

Priority Status: 2 - STANDARD

HP Authorization #: Request Category:

76 - DIALYSIS Service Type:

Decision Date: Admit Source: **Facility Code:**

Patient Mailing Address

1415 SHERMAN AVE

CORCORAN, CA 93212

Patient Information

Patient Name: GARCIA RAMIREZ, RAFAEL

DOB: 7/13/1966 Age: 58.679 Gender: MALE

Memb ID: XDJ97085871D

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

Service Area:

Referring Physician Information

Name: YANG, TOM **Provider ID:** 1548346695 Specialty: **NEOPHROLOGY** Address: 503 S WATSON ST

VISALIA,CA 932772641

Phone: (559)623-9636 (559)623-9951 Fax:

Service Area:

Facility Provider Information

Name: DVA RENAL HEALTHCARE INC

Specialty: **DIALYSIS**

Address: 545 E TULARE AVE

TULARE, CA 932744220

Company ID: UPN

Requested Date: 03/15/2025 Time: 14:55:00 **Auth/Action Date:** 03/15/2025 **Expiration Date:** 07/13/2025

Authorized Units: 5 **Requested Units:** 5 **Certification Type: Auth Service Pkg:**

Admit Type: Patient Status:

Home Phone: (559)563-4837

Diagnosis Information

Code	Version	Version Description					
N18.6	10	END STAGE RENAL DISEASE					

Performing Physician Information

Name: RENAL DVA

HEALTHCARE INC Provider ID: 1104891068 Specialty: DIALYSIS

Address: 545 E TULARE AVE

TULARE,CA 932744220

Phone: (559)688-8991 Fax: (559)688-0326

Service Area:

Provider ID: 1104891068 Phone: (559)688-8991 Fax:

(559)688-0326

Services

Stati	Actio	Auth nExpiration		Type	Description	1	Modi	ifiers				Admit Date	Discharge Date				Type	Type	Rate
DENII	:D		J0887		EPOETIN BETA ESRD USE				5.0	0.00	0.00				1.0				

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