



Authorization Information

Authorization # : 25031802710313600005
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: 13:40:45
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

1535 PARK BLVD APT 1012
ORANGE COVE,CA 936469329

Home Phone: (559)800-4951

Patient Information

Patient Name: PULIDO,MARIA DEL
DOB: 11/15/1978
Age: 46.337
Gender: FEMALE
Memb ID: 94177186D
Healthplan: HNM
PCP OV Co-Pay: N/A
Service Area:

Diagnosis Information

Code	Version	Description	LOINC Code
N81.10	10	CYSTOCELE, UNSPECIFIED	

Referring Physician Information

Name: TOLEDO, JUANITA
Provider ID: 1346028339
Specialty: NURSE PRACTITIONER
Address: 1790 E MANNING AVE
 REEDLEY,CA
 936542346
Phone: (800)492-4227
Fax: (833)918-2250
Service Area:

Performing Physician Information

Name: IPSEN, CORY
Provider ID: 1699440958
Specialty: PHYSICIAN ASSISTANT
Address: 782 MEDICAL CENTER
 DR E,STE 311
 CLOVIS,CA 936116892
Phone: (559)472-4600
Fax: (559)472-4601
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
							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

