



Authorization Information

Authorization # : 25031802700061700016
Status: DENIED
Processed By:
Place Of Service: OUTPATIENT HOSPITAL
LOS: 0
Priority Status: 2 - STANDARD
HP Authorization #:
Request Category:
Service Type: 98 - PHYSICIAN VISIT - OFFICE
Decision Date:
Admit Source:
Facility Code:

Company ID: UPN
Requested Date: 03/18/2025
Time: 10:31:20
Auth/Action Date: 03/18/2025
Expiration Date: 07/16/2025
Authorized Units: 0
Requested Units: 1
Certification Type:
Auth Service Pkg:
Admit Type:
Patient Status:

Patient Mailing Address

220 S MADERA AVE SPC 98
KERNAN,CA 93630

Home Phone: (559)421-8861

Patient Information

Patient Name: AVALOS,JOSE A
DOB: 5/13/1964
Age: 60.847
Gender: MALE
Memb ID: XDJ99699666E
Healthplan: BCM
PCP OV Co-Pay: N/A
Service Area:

Diagnosis Information

Code	Version	Description	LOINC Code
R07.9	10	CHEST PAIN, UNSPECIFIED	

Referring Physician Information

Name: GRASSER, ANGELA
Provider ID: 1285853697
Specialty: FAMILY PRACTICE
Address: 517 S. MADERA AVENUE
KERNAN,CA 936301596
Phone: (800)492-4227
Fax: (833)918-2250
Service Area:

Performing Physician Information

Name: CARDIOVASCULAR CONSULTANTS
Provider ID: 1497724355
Specialty: CARDIOVASCULAR DISEASES
Address: 1207 E HERNDON AVE
FRESNO,CA 937203235
Phone: (559)432-4303
Fax: (559)432-3827
Service Area:

Facility Provider Information

Name: CARDIOVASCULAR CONSULTANTS
Specialty: CARDIOVASCULAR DISEASES
Address: 1207 E HERNDON AVE
FRESNO,CA 937203235

Provider ID: 1497724355
Phone: (559)432-4303
Fax: (559)432-3827

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
				99214	P	OFFICE O/P EST MOD	1	2	3	4	1.0	0.00	0.00					1.0						

