P.O. Box 8350
La Verne, CA 91750

Phone: (888) 293-6383

AUTHORIZATION REQUEST FORM (ARF)

☒ ROUTINE Fax to (888) 320-3851 ☐ ADMISSION Notification Fax to (888) 320-3851

*** IN ORDER TO PROCESS YOUR REQUEST: ARF MUST BE COMPLETED AND LEGIBLE ***

PROVIDER: Authorization does not guarantee payment, ELIGIBILITY must be verified at the time services are rendered.

Patient Name: Bagga (Last) sandeep (First) ☒ M ☐ F D.O.B. 3-5-1980 Age: 44

Mailing Address: 6629 E Braly Ave City: Fresno CA ZIP: 93727 Phone: 209 355-0355

Member ID: 948487346 Name of Facility (if applicable):

Requesting Provider: Dr. John Wade

Servicing Provider (Physician, Facility, Vendor): Saint Agnes Medical Center

Provider NPI# 1346297330

Provider TIN#: 77-0002348

Address: 6067 N Fresno St #101 Phone: 559-436-0606
Fresno CA 93710 Fax: 559-436-4074

Office Contact: Deanna

Provider NPI#: 1205845567

Provider TIN#: 94-1437713

Address: 1303 E Herndon Phone: 559-450 4090
Fresno CA 93720 Fax: 450-2989

Office Contact:

Diagnosis: hemorrhoids 3rd degree

ICD-10: K64.2

AUTHORIZATION REQUEST

☐ URGENT REQUEST Fax to (888)-320-3851. ***Definition: "Urgent" is ONLY when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function. Urgent requests are addressed within 72 hours.*** Please sign attesting this request is Urgent.

** MD/RN Signature

☐ Inpatient Facility ☒ Outpatient Requests ☐ SNF ☐ Medical Services/Items ☐ Part B Drugs

Date of Services: April 2, 2025 Admission Date: April 2, 2025

List ALL procedures requested along with the appropriate CPT/HCPCS

REQUESTED PROCEDURES	PERTINENT HISTORY (Submit supporting Medical Records)	CODE (CPT or HCPCS)	UNITS (REQUIRED)
Complex hemorrhoidectomy		46260	1

DO NOT WRITE BELOW THIS LINE

STATUS		
☐ Approved	☐ Alternative Treatment	Authorization Number #:
☐ Not a Covered Benefit	☐ Modified	Signature: Date:
☐ Not Medically Indicated		Comments:
		Phone:

Revised 04272022

03/14/2025 08:17AM 5594364274

MEDICAL HISTORY

REF: ____________

PCP: ____________

NAME: Sandeep Buggya

DATE: 12-17-24

PRESENT ILLNESS Age 44

BLEEDING each BM

COLOR ____

MUCUS ____

WHERE ____

DURATION ____

RECTAL PAIN ____

ABDOMINAL PAIN ____

DIARRHEA ____

CONSTIPATION ____

STOOLS/DAY ____

PROTRUSION ____

Hemorrhoid came out 4-5 yr

Has to push in c each BM

No Pain

PAST HISTORY

ALLERGIES NKDA

RASH ____

NAUSEA ____

OTHER ____

MEDICATIONS No med

PREVIOUS SURGERY No Prev surgery

OTHER HOSPITALIZATIONS ____

Complex Hem with health dise

FAMILY HISTORY

FATHER LIVING ND AGE AT DEATH 65

CAUSE OF DEATH Stroke

MOTHER LIVING yes AGE AT DEATH ____

CAUSE OF DEATH ____

COLORECTAL CANCER ND

POLYPS ND Colonoscopy. 2023

SOCIAL HISTORY Truck Driver

SMOKES ND

ETOH Sometimes

DAIRY PRODUCTS 1-2 x a week

MENSTRUAL HISTORY

PREVIOUS PREGNANCIES ____

PREGNANT NOW ____

REVIEW OF SYSTEMS

MIGRAINES ND

HEART DISEASE ND

HIGH BLOOD PRESSURE ND

BLOOD DISORDERS ND

EMPHYSEMA, ASTHMA, OTHER LUNG ND

ULCER ND

DIABETES ND

KIDNEY STONES ND

HEPATITIS ND

ARTHRITIS ND

REGIONAL EXAM

ABDOMINAL Neg

RECTAL Ext Hem

Digital Neg

IMPRESSION Mixed Hem – 3°

PLAN Large Hem