

FILE: auth_approval_REF-1001.txt

AUTHORIZATION APPROVAL NOTICE

Payer: BlueCross

Plan Type: PPO

Authorization Status: APPROVED

Authorization Number: BC-APR-948201

Patient Name: John Martinez

Date of Birth: 1969-08-14

Service Authorized:

Service Category: Imaging

Procedure: MRI - Knee

Authorization Details:

Authorization Start Date: 01/05/2026

Authorization End Date: 02/04/2026

Authorized Units: 1

Unit Type: SCANS

Rendering Provider: Any In-Network Imaging Facility

Place of Service: Outpatient

Notes:

This authorization confirms coverage for the service listed above.

Services rendered outside the authorization window may not be reimbursed.

Issued Date: 01/05/2026

Issued By: BlueCross Utilization Management

FILE: billing_readiness_REF-1001.txt

BILLING READINESS SUMMARY

Referral ID: REF-1001

Patient Name: John Martinez

Date of Birth: 1969-08-14

Service Summary:

Service Category: Imaging

Procedure: MRI - Knee

Date of Service: 01/07/2026

Units Delivered: 1

Unit Type: SCANS

Authorization Verification:

Authorization Required: Yes

Authorization Status: Approved

Authorization Start Date: 01/05/2026

Authorization End Date: 02/04/2026

Authorized Units: 1

Units Used: 1

Documentation Checklist:

Referral Intake: Complete

Authorization Letter: Received

Visit Note / EVV Proof: Complete

Billing Status:

Ready to Bill: YES

Billing Hold Reason: N/A

Billing Instructions:

Proceed with claim submission.

Ensure CPT code aligns with authorized service.

Attach authorization letter and visit note.

Prepared By:

Billing Operations Agent

Prepared Date: 01/08/2026

FILE: referral_intake_REF-1001.txt

REFERRAL INTAKE FORM

Referral ID: REF-1001

Referral Source: Primary Care Physician (PCP)

Referral Received Date: 01/02/2026

Urgency Level: Routine

PATIENT INFORMATION

Patient Full Name: John Martinez

Date of Birth: 1969-08-14

Age: 56

Gender: Male

Address: 245 Mission St, San Francisco, CA 94105

Primary Language: Spanish

Phone Number: (415) 555-0198

INSURANCE DETAILS

Insurance Active: Yes

Payer Name: BlueCross

Plan Type: PPO

Authorization Required: Yes

Authorization Status: Approved

Authorization Start Date: 01/05/2026

Authorization End Date: 02/04/2026

Authorized Units: 1

Unit Type: SCANS

SERVICE REQUESTED

Service Category: Imaging

Service Type: MRI - Knee

DOCUMENTATION STATUS

Referral Documents Complete: Yes

Home Assessment Required: No

Patient Responsive: High

Contact Attempts Made: 1

NOTES

Referral approved and documentation complete. Ready to move downstream into scheduling workflow.

FILE: visit_note_REF-1001.txt

VISIT COMPLETION NOTE

Referral ID: REF-1001

Patient Name: John Martinez

Date of Birth: 1969-08-14

Service Performed:

Service Category: Imaging

Procedure: MRI - Knee

Date of Service: 01/07/2026

Time In: 10:00 AM

Time Out: 10:45 AM

Units Delivered: 1

Unit Type: SCANS

Rendering Staff:

Technician Name: Alex Chen

Technician ID: TECH-204

Location:

Facility: SF Imaging Center

City: San Francisco, CA

Visit Outcome:

Service completed successfully.

No complications reported.

Patient tolerated procedure well.

Documentation:

Visit verified and signed by technician.

Signature: Alex Chen

Signed Date: 01/07/2026