

**Authorization request has been submitted.**

If additional documents need to be submitted. Please print this confirmation as cover page and fax to 626-521-6140.

Auth Number: ALPHA - 20201001799998400963 **Status:** **Pending**
Request Date: 10/01/2020 **Expiration Date:** 12/30/2020
Referral Type: URGENT REFERRAL

Patient Name: RIVERA, VALERIA **Date of Birth:** 02/06/2004
655 S SANTA FE AVE **Gender:** F
SAN JACINTO, CA 92583-4011 **Phone Number:** (951) 350-2046
Health Plan: IEHP MEDI-CAL **Member PCP:** LOPEZ, IRMA
Member ID: 20160901680200

Request Provider: LOPEZ, IRMA

Referral To: IPA ADVISE, **Address:** 1668 S. GARFIELD AVE 2ND FL
Specialty: (R) RADIOLOGY ALHAMBRA, CA 91801-5474
POS: (11) OFFICE **Phone Number:** (626) 282-0288
Fax Number:

REFERENCE	DIAG CODE	DESCRIPTION
1	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
74150	CT ABDOMEN W/O DYE		N28.89	1

Attachment:
Eloisa Maria Enc.pdf
Eloisa maria ultrasound cj.pdf

Provider's Responsibilities: Eligibility must be verified 24 hours before the actual date of service. Provider **MUST** confirm with Health Plan/IPA that the member's health plan coverage is still in effect. ALPHA reserves the right to revoke this authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

REF#: ALPHA-20201001799998400963:20160901680200

10/01/2020 at 5:10PM

