

**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 - 20200915799998400596 **Status:** **Approved**

Request Date: 09/15/2020 **Expiration Date:** 12/14/2020

Referral Type: ROUTINE REFERRAL

Patient Name: VILELA, EVA
8389 BAKER AVE
SPC 66
RCH CUCAMONGA, CA 91730-3235
Date of Birth: 12/02/1967
Gender: F
Phone Number: (909) 218-0127
Member PCP: LOPEZ, IRMA

Health Plan: IEHP MEDI-CAL

Member ID: 20140101084600

Request Provider: LOPEZ, IRMA

Referral To: HANDOKO, JONARDI
Specialty: (NEP) NEPHROLOGY
POS: (11) OFFICE
Address: 811 E 11TH ST # 206
UPLAND, CA 91786-4872
Phone Number: (909) 931-3727
Fax Number: (909) 931-3729

REFERENCE	DIAG CODE	DESCRIPTION
1	N18.9	CHRONIC KIDNEY DISEASE UNSPECIFIED

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		N18.9	1
99214	OFFICE/OUTPATIENT VISIT		N18.9	1

Attachment:
VELA -NL.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-20200915799998400596:20140101084600

09/15/2020 at 12:33PM

