



Authorization Detail

Auth Number: ALPHA - 20190723720095901201
Health Plan Auth No:
Request Date: 07/23/2019
Referral Type: ROUTINE
Cert Type:

Status: **Approved**
Action Date: 07/29/2019
Expiration Date: 10/27/2019
Retro Date:

Patient Name: GONZALEZ, TERESA
1336 E BONNIE BRAE ST
,
ONTARIO, CA 91764-2118
Phone: (909) 984-8479
Health Plan: IEHP MEDI-CAL

Date of Birth: 11/02/1954
Gender: F
Member ID: 19970501492800
Member PCP: LOPEZ, IRMA

Referral By: LOPEZ, IRMA
Phone number: (909) 391 3423
Fax number: (909) 391 3424

Referral To: HOU, ANTONY
Specialty: (RHU) RHEUMATOLOGY
POS: (11) OFFICE

Address: 1238 E ARROW HWY
UPLAND, 91786-4951
Phone Number: (909) 982-0099
Fax Number: (909) 931-0402

Facility:

Address:
Phone Number:

REFERENCE	DIAG CODE	DESCRIPTION
1	M13.0	POLYARTHRITIS, UNSPECIFIED
2	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		M13.0	1
99214	OFFICE/OUTPATIENT VISIT		M13.0	1

Notes

Attachment:
Notifications:

Provider's Responsibilities:

Eligibility must be verified 24 hours before the actual date of service. Provider MUST confirm with Health Plan/PA 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-20190723720095901201:19970501492800

10/01/2020 at 9:06AM

