

**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 - 20191213799998400862	Status:	Pending
Request Date:	12/13/2019	Expiration Date:	04/11/2020
Referral Type:	ROUTINE REFERRAL		
Patient Name:	GUZMAN, MAGDA 2331 S GREENWOOD PL APT A ONTARIO, CA 91761-5646	Date of Birth:	04/25/1970
		Gender:	F
		Phone Number:	(909) 930-9862
Health Plan:	IEHP MEDI-CAL	Member PCP:	LOPEZ, IRMA
Member ID:	40000032470200		

Request Provider: LOPEZ, IRMA

Referral To:	FAMILY FOOT CENTER PODIATRY GROUP,	Address:	728 N EUCLID AVE
Specialty:	(POD) PODIATRY		ONTARIO, CA 91762-2712
POS:	(11) OFFICE	Phone Number:	(909) 984-5614
		Fax Number:	(909) 984-4759

REFERENCE	DIAG CODE	DESCRIPTION
1	L60.0	INGROWING NAIL

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		L60.0	1
99214	OFFICE/OUTPATIENT VISIT		L60.0	1

Attachment:
MAGDA.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-20191213799998400862:40000032470200

12/13/2019 at 3:29PM

