



Authorization Detail

Auth Number: ALPHA - 20200914799998400990
Health Plan Auth No:
Request Date: 09/14/2020
Referral Type: ROUTINE REFERRAL
Cert Type: REVISED

Status: **Approved**
Action Date: 09/15/2020
Expiration Date: 12/13/2020
Retro Date:

Patient Name: LAGUNAS, RITA M
42310 BUENOS AIRES DR
HEMET, CA 92544
Phone: (951) 255-3057
Health Plan: BRAND NEW DAY MEDICARE

Date of Birth: 04/03/1955
Gender: F
Member ID: 166771901
Member PCP: LOPEZ, IRMA

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

Referral To: LE, SANG VAN
Specialty: (ORS) ORTHOPEDIC SURGERY
POS: (11) OFFICE

Address: 3889 W STETSON AVE # 100

Address: HEMET, 92545-9682
Phone Number: (909) 557-1600
Fax Number: (951) 652-2922
Address:
Phone Number:

Facility:

REFERENCE	DIAG CODE	DESCRIPTION
1	M25.569	PAIN IN UNSPECIFIED KNEE

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		M25.569	1
99214	OFFICE/OUTPATIENT VISIT		M25.569	1

Notes

Attachment: [lagunas Encounter.pdf \(\)](#)
Notifications: 09/15/2020 01:08 PM [Approval Letter.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-20200914799998400990:166771901

09/16/2020 at 2:58PM

