



Authorization Detail

Auth Number: ALPHA - 20200622799998400749
Health Plan Auth No:
Request Date: 06/22/2020
Referral Type: URGENT/EMERGENT REFERRAL
Cert Type: REVISED

Status: **Approved**
Action Date: 06/23/2020
Expiration Date: 02/17/2021
Retro Date:

Patient Name: PEREZ, ERIKA
1350 W FAWN ST
ONTARIO, CA 91762-2416
Phone: (626) 393-8209
Health Plan: IEHP MEDI-CAL

Date of Birth: 05/09/1978
Gender: F
Member ID: 20130700623500
Member PCP: LOPEZ, IRMA

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

Referral To: A FAMILY PHARMACY APPLE VALLEY
Specialty: (DME) DURABLE MEDICAL EQUIPMENT
POS: (12) HOME

Address: 15863 KASOTA RD # C
APPLE VALLEY, 92307-4507
Phone Number: (760) 503-4141
Fax Number: (760) 381-2030
Address:
Phone Number:

Facility:

REFERENCE	DIAG CODE	DESCRIPTION
1	M79.672	PAIN IN LEFT FOOT

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
L3480	SHOE HEEL PAD & DEPRESS		M79.672	1

Notes

Attachment: [Perez Erika Notes JL.pdf \(\)](#)
Notifications: 06/23/2020 12:23 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-20200622799998400749:20130700623500

08/10/2020 at 9:51AM

**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.

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06/22/2020 at 2:25PM

IEHP Medical History Record

IEHP Eligibility Provided On: 08/10/2020 4:16PM Verification Number: 16572998

Name: Erika Perez	IEHP ID: 20130700623500	DOB: 05/09/1978
Gender: Female	Status: Member Eligible on 08/10/2020	Assigned PCP: Irma Lopez
Aid Code/County M3 / San Bernardino (36)	NPI: 1538240908	PCP Phone: (909) 391-3423
Plan/Co-Pay: Medi-Cal / \$0.00	Eff. Date with PCP: 11/01/2018 Thru:	Lab: LabCorp
IPA: Alpha Care Medical Group	Hospital: POMONA VALLEY HOSPITAL MEDICAL CENTER	

Member Contact Information

Address: 1350 W Fawn St	City: Ontario	State-Zip: CA 91762-2416
Home Phone: (626) 393-8209	Work Phone: Not Available	Email: Not Available
Preferred Written Language: Spanish	Preferred Spoken Language: Spanish	

Reminders/Alerts

No Reminders/Alerts

Hospital Visits (Past 12 months)

No Records

Immunizations As Reported To IEHP

No Records

NEMT PCS (Past 12 months)

No Records

Medical Referrals

No Records

Medical Visits (Past 12 months)

No Records

Rx History (Pharmacy Information Past 12 months)

No Records

Lab Results (Past 12 Months)

Labs Ordered On:	07/02/2020
Labs Ordered On:	12/11/2019
Labs Ordered On:	11/27/2019

Patient information

 (/patient/chart/5481)

 (/patient/detail/5481)

Patient id	5481
Patient	ERIKA PEREZ
Age (DOB)	42yrs 3mos (05/09/1978)
Allergies	nkda

General information

 (/encounter/pdf/40454/encounter)

 Requests (/encounter/request/40454)

Chief complaint	Patient is a Female of 42 Years c/o left heel pain x 2 weeks, pt stated it hurts while she walks no fever, no cough, no sob, no recent travels, no contact with anyone with virus, no loss of taste or smell spo2		
Current Medication	none		
Incident relation	Employment	No	
	Auto accident	No	
	Other accident	No	
Signed	Date 06/22/2020 10:31 AM Provider: Rafael Romero PA		
Heart Vitals	Pulse	78 per min	
	Respiratory	16 per min	
	Temperature	97.00 °F	
	LMP	06/01/2020	
Physical Vitals	Weight	174.00 lb	
	Height	63.00 In.	
	BMI	30.82	
	BP Sys	102.00	
	BP Dia	62.00	
Present illness history	Pt with heel pain worsening for past 2 weeks. Pain improved with naproxen. Pain aggravated with walking. Pain is 10 of 10.		
Diagnosis	• Heel Pain Left Chronic		
Pt. Education	MEDICATIONS,EXCERCISE		
Medications	• Naproxen 500 bid (amt: 60) Refill: 0 1 tab po bid		
Requests	• Left Heel Xray (X-Ray) Heel pain		
Referrals	• DME (Service: Heel pad,) Heel pain Left Urgent		
Addendums	• noemil93 (Noemi G. lopez - 06/22/2020 10:40 AM) rx and xray slip given upon discharge nl		

(Medical Assistan only can edit: Vitals, Requests, Referrals, Pt. Education and Child Physical)

