

**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 - 20201015799998401025	Status:	Pending
Request Date:	10/15/2020	Expiration Date:	01/13/2021
Referral Type:	ROUTINE REFERRAL		

Patient Name:	HERNANDEZ, YOLANDA 808 N IMPERIAL AVE ONTARIO, CA 91764-3624	Date of Birth:	11/20/1964
Health Plan:	IEHP MEDI-CAL	Gender:	F
Member ID:	40000044493500	Phone Number:	(213) 476-5821
		Member PCP:	LOPEZ, IRMA

Request Provider: LOPEZ, IRMA

Referral To:	A FAMILY PHARMACY APPLE VALLEY	Address:	15863 KASOTA RD # C
Specialty:	(DME) DURABLE MEDICAL EQUIPMENT		APPLE VALLEY, CA 92307-4507
POS:	(11) OFFICE	Phone Number:	(760) 503-4141
		Fax Number:	(760) 381-2030

REFERENCE	DIAG CODE	DESCRIPTION
1	M77.12	LATERAL EPICONDYLITIS LEFT ELBOW

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
L3702	EO W/O JOINTS CF		M77.12	1

Attachment:
rosales -nlEncounter.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-20201015799998401025:40000044493500

10/15/2020 at 4:44PM

