

**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 - 20200818799998401012 **Status:** **Pending**
Request Date: 08/18/2020 **Expiration Date:** 11/16/2020
Referral Type: ROUTINE REFERRAL

Patient Name: MACIAS, MARTHA
618 E BELMONT ST
ONTARIO, CA 91761-3439
Date of Birth: 08/03/1954
Gender: F
Phone Number: (909) 391-6120
Health Plan: IEHP MEDI-CAL
Member PCP: LOPEZ, IRMA
Member ID: 20001000162200

Request Provider: LOPEZ, IRMA

Referral To: IPA ADVISE,
Specialty: (OBG) OBSTETRICS & GYNECOLOGY
POS: (11) OFFICE
Address: 1668 S. GARFIELD AVE 2ND FL
ALHAMBRA, CA 91801-5474
Phone Number: (626) 282-0288
Fax Number:

REFERENCE	DIAG CODE	DESCRIPTION
1	R87.810	CERV HIGH RSK HUMAN PAPILLOMAVIRUS DNA TEST POS

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		R87.810	1
99214	OFFICE/OUTPATIENT VISIT		R87.810	1

Attachment:

ramos encounter dos 8.17.2020 nl.pdf
ramos pap results -nl.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-20200818799998401012:20001000162200

08/18/2020 at 4:44PM

