



2420 Fenton street Suite 100 Chula Vista CA 91914

Referral Authorization Request Form
Phone (800) 404-3332 Fax (877) 862-7603

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Date: 2/11/2021

LOB: MEDI-CAL

PCP Telephone#: (619) 479-6767

PCP Fax#: (619) 434-8840

Medical Group: L- CARING HEARTS MEDICAL CLINIC

PCP: DR. IYABO DARAMOLA

Requesting Provider: KAB MEDICAL GROUP

Patient: Casey Dorough

1631 B Ave Apt 1 National City, CA 91950-4541

ID#: 3031638500

Telephone Number: (520) 850-3355

DOB: 10/6/1987

Facility:

Provider: DR. ANKUR BINDAL

502 Euclid Ave Ste 204 National City, CA 91950 (619) 765-2684

ICD10 Code(s): F90.2

Treatment Setting: BEHAVIORAL HLTH

Diagnosis: Attn-Deficit Hyperactivity D/O Combined Type

<u>Code</u>	<u>Units</u>	<u>Status</u>	<u>Service</u>
99213	12	APPROVED	OFFICE OUTPATIENT VISIT 15 MINUTES

Comments:

If you have any questions regarding the following determination(s), please contact CHG's Chief Medical Officer, Patrick A. Tellez, MD, MPH, MSHA at (619) 498-6423.

Case No: 3086716 Valid From: 2/11/2021 To: 8/11/2021

PLEASE NOTIFY THE APPROPRIATE RENDERING PROVIDERS/FACILITY OR ANYONE WHO RELIES ON THIS CASE NUMBER FOR PAYMENT OF THIS REFERRAL.

NOTE: THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. DETERMINATION OF PAYMENT WILL BE BASED ON ELIGIBILITY AND PLAN BENEFITS AT THE TIME SERVICES ARE RENDERED.