

SENT TO: DARAMOLA, IYABO FAX: (619) 434 - 8840

**COMMUNITY CARE IPA INC.**

P.O. BOX 7040-04, Tarzana, CA 91357

**TRACKING:** 20210204720018100179  
**STATUS:** APPROVED

**REQUEST DATE:** 2/4/21  
**EXPIRE DATE:** 8/10/21  
**AUTH DATE:** 2/11/21

**PATIENT INFORMATION**

MEMB NAME:	PALMER, BRIAN E	MEMBER ID:	90926974C
MEMB ADDRESS:	924 E 13TH ST	EFFECTIVE DATE:	12/01/2020
	NATIONAL CITY, CA 91950	DATE OF BIRTH:	04/17/1969
MEMB PHONE:	(619) 884 - 0755	SEX:	M
HEALTH PLAN:	AETNA BETTER HEALTH OF CA	OPTION CODE:	AEMC + M3

DIAGNOSIS: Z12.11 ENCOUNTER FOR SCREENING FOR MALIGNANT NEOF

SERVICE CODE	DESCRIPTION	MODIFIER	QTY	FIN RESP*
99204	OFFICE O/P NEW MOD 45-59		1	IPA RESP
99213	OFFICE O/P EST LOW 20-29		5	IPA RESP

**PRIMARY CARE PHYSICIAN**

ID:	1851378236	NAME:	DARAMOLA,IYABO
ADDRESS:	2401 REO DR	PHONE:	(619) 479 - 6767
	SAN DIEGO, CA 921393025	FAX:	(619) 434 - 8840

**REFERRING PHYSICIAN - INTERNAL MEDICINE**

ID:	1851378236 x1	NAME:	DARAMOLA,IYABO
ADDRESS:	2401 REO DR	PHONE:	(619) 479 - 6767
	SAN DIEGO, CA 921393025	FAX:	(619) 434 - 8840

**REQUESTED SPECIALIST - GASTROENTEROLOGY**

ID:	1295710747 x1	NAME:	DUQUE, JOHN
ADDRESS:	480 4TH AVE # 316	PHONE:	(619) 691 - 0240
	CHULA VISTA, CA 919104403	FAX:	(619) 691 - 8804

**PERTINENT NOTES**

NOTES: Web Reference #: 15437840

Web User: jtrinidad89

\*\*File Attached: ID7090356 FILENAME:palmer.pdf

&gt;&gt;Name of practitioner submitting request

Daramola, Iyabo

&gt;&gt;Specific issue to be addressed by consultant:

Screening colonoscopy

&gt;&gt;Pertinent H &amp; P exam details:

yes

&gt;&gt;Relevant treatment history including medications/lab/x-ray/other test results:

yes

&gt;&gt;Is co-management requested?

N/a

&gt;&gt;Are you requesting that the specialist take over treatment of the problem?

yes if necessary

Notes.....

screening colonoscopy

**IMPORTANT NOTICES**

- It is your responsibility to verify eligibility and benefits for all members with the applicable payor before providing services except in emergent situations.
- MEMBER COST SHARING:** Please verify the Patient's Health Plan Explanation of Coverage (EOC) for Member Cost Share information such as copay, coinsurance, and deductible.
- This authorization is valid for payment in accordance with the member's health plan only if the member has no other primary coverage.

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**PATIENT INFORMATION**

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MEMB NAME: PALMER, BRIAN E

MEMBER ID: 90926974C

For Central Valley members, the capitated laboratory is **LabCorp**; for San Diego and Imperial Valley members, the capitated laboratory is **Quest Diagnostics**.

- COMMUNITY CARE IPA INC. UM decision making is based only on the medical appropriateness of care and services.
- COMMUNITY CARE IPA INC. does not compensate reviewers or UM staff for denials of payment or coverage .

\*\* If you have any questions, please call our customer service department at (818) 702-0100 and follow the prompts to speak to a UM representative. \*\*