

Durable Medical Equipment Treatment Authorization Request

Routine Request	Modification/ Extension	Retroactive Request	Urgent Request
FAX: (323) 889-6504	FAX: (323) 889-6504	FAX (323) 889-6504	FAX: (323) 889-5403

Important: Scheduling issues do not meet the definition of an urgent request. The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee.

Patient Information		Language spoken: English	
Member's name:	Sarah Sanchez	DOB:	08/18/1945
Street address:	489 Lauren Crescent	City:	Deborahborough
Member's plan ID number:	29187401645	State:	Maine
		Effective date:	08/26/1999
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	12835
		Phone:	+13197131975

Service Information			
Referral requested by:	Hamilton, Gordon and Garcia	Phone:	+12792198264
		FAX:	+19563035412
Request date:	08/13/2007	Referred to (servicing provider):	Dr. Kareen Sharm, MD
		NPI/Tax ID:	3592420694
		Specialty:	General Surgery
Servicing provider's full address:	7822 Powers Plain Tylerland, SD 17345	Phone:	+19817365753
		FAX:	+12416691436
Facility name:	South Colleenchester	NPI/Tax ID:	5168010234
		Phone:	+14722813791
		FAX:	+13895208013

Service(s) Requested:	
CPT/HCPC code(s):	76775
	CPT/HCPC description: Us exam abdo back wall lim
ICD-10 code(s):	F05.8
	Dx description: Other delirium

For modification/extension requests:	
Date last authorized:	11/01/2020
	Previous Blue Shield Promise authorization number: 79534159728
MD/NP/PA justification for request:	The patient presents with abdominal pain and is being assessed for possible causes. An ultrasound of the abdomen and back wall may be indicated to provide further
Requesting provider's name (please print):	Pilot Kala, RN
	Provider's signature: Pilot

Accident?	If yes, where did he accident occur?
Yes No <input checked="" type="checkbox"/>	Home Work Auto Other:
IPA responsibility? Check box, if yes	IPA authorization number:
	Dates of service authorized (from/to): -

PLEASE ATTACH THE LATEST AVAILABLE MEDICAL RECORDS AND PROGRESS NOTES. THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. PLEASE CHECK ELIGIBILITY BEFORE RENDERING SERVICE. Payment will not be made for unauthorized services. All lab and x-rays must be ordered/performed by contracted providers. If you are unsure whether the provider is contracted with Blue Shield of California Promise Health Plan, contact Blue Shield Promise's Utilization Management Department at (800) 468-9935. Specialist findings must be sent to the member's primary care physician.