

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: Cynthia King	DOB: 03/15/1926	Gender: M <input checked="" type="checkbox"/> F	
Street address: 59482 Guerrero Ville	City: North Jessica	State: Connecticut	ZIP code: 89715
Member's plan ID number: 47251785933	Effective date: 03/13/2004	Phone: +19466868823	

Service Information			
Referral requested by: Taylor PLC		Phone: +18713838007 FAX: +13666445264	
Request date: 03/15/2000	Referred to (servicing provider): Dr. Kareen Sharm, MD	NPI/Tax ID: 7383233200	Specialty: Ophthalmology
Servicing provider's full address: 1298 Lee Causeway Jamestown, UT 17651		Phone: +12484105745	FAX: +16881024386
Facility name: West Victor	NPI/Tax ID: 2622096795	Phone: +12662445819	FAX: +18261529953

Service(s) Requested:	
CPT/HCPC code(s): 76812	CPT/HCPC description: Ob us detailed addl fetus
ICD-10 code(s): O08.9	Dx description: Complication following abortion and

For modification/extension requests:	
Date last authorized: 07/07/2009	Previous Blue Shield Promise authorization number: 65162223302
MD/NP/PA justification for request: The indications for obtaining an obstetric ultrasound (ObUS) detailed addl fetus scan are to assess fetal anatomy, assess fetal growth, evaluate	
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.