

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: Jessica Barr	DOB: 07/24/1938	Gender: M <input checked="" type="checkbox"/> F	
Street address: 115 Erin Orchard	City: West Trevor	State: Maine	ZIP code: 20384
Member's plan ID number: 4793140135	Effective date: 09/25/2012	Phone: +14079500825	

Service Information			
Referral requested by: Macias, Brown and Lee		Phone: +15500429949 FAX: +10085056012	
Request date: 09/03/2003	Referred to (servicing provider): Dr. Ltoen Klak, MD	NPI/Tax ID: 9006829138	Specialty: Immunology
Servicing provider's full address: 4390 Salas Light Apt. 242 North Davidchester, WV 26452		Phone: +12926542023	FAX: +18134653418
Facility name: East Charlesberg	NPI/Tax ID: 1716851203	Phone: +18462781815	FAX: +17665986334

Service(s) Requested:	
CPT/HCPC code(s): 78445	CPT/HCPC description: Vascular flow imaging
ICD-10 code(s): M23.6	Dx description: Other spontaneous disruption of lig

For modification/extension requests:	
Date last authorized: 10/08/2020	Previous Blue Shield Promise authorization number: 85221541902
MD/NP/PA justification for request: Vascular Flow Imaging (VFI) is a non-invasive imaging technique used to evaluate blood flow in the vasculature. V	
Requesting provider's name (please print): Dr. Ltoen Klak, MD	Provider's signature: Dr. Lt

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.