

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:	Matthew Cuevas	DOB:	10/05/2019
Street address:	143 Cooper Village	City:	Frostborough
Member's plan ID number:	87295280901	State:	Tennessee
		Effective date:	09/09/2001
		Gender:	M F <input checked="" type="checkbox"/>
		ZIP code:	13019
		Phone:	+12237787278

Service Information			
Referral requested by:	Pacheco-Cook	Phone:	+10303651382 FAX: +17237425753
Request date:	02/16/1996	Referred to (servicing provider):	Dr. Peter Pan, MD
		NPI/Tax ID:	2592504218
		Specialty:	Medical Genetics
Servicing provider's full address:	20974 Jesse Green South David, IA 81051		
		Phone:	+10762872398
		FAX:	+10687453643
Facility name:	North Michellfurt	NPI/Tax ID:	3567397924
		Phone:	+18868321387
		FAX:	+15669529410

Service(s) Requested:	
CPT/HCPC code(s):	70492
CPT/HCPC description:	Ct sft tsue nck w/o & w/dye
ICD-10 code(s):	Q12.4
Dx description:	Spherophakia

For modification/extension requests:	
Date last authorized:	02/03/1994
Previous Blue Shield Promise authorization number:	20524192071
MD/NP/PA justification for request:	A computed tomography (CT) soft tissue neck without and with contrast is a valuable imaging procedure for assessing a variety of clinical conditions. It
Requesting provider's name (please print):	Stooj Blake, RN
Provider's signature:	Stooj

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.