

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:	Robert Simmons	DOB:	03/15/1998
Street address:	82845 Kristie Turnpike Suite 343	City:	Davidbury
Member's plan ID number:	24021703913	State:	Maine
		Effective date:	03/19/2016
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	08872
		Phone:	+14125286711

Service Information			
Referral requested by:	Norman PLC	Phone:	+12237901406
		FAX:	+17651210242
Request date:	11/13/2016	Referred to (servicing provider):	Dr. Karen Sharm, MD
		NPI/Tax ID:	9561039675
		Specialty:	Urology
Servicing provider's full address:	7793 Mooney Ports Jeffreymouth, RI 89002	Phone:	+19650265882
		FAX:	+14583831825
Facility name:	Micheleton	NPI/Tax ID:	832883271
		Phone:	+19134781702
		FAX:	+16530363795

Service(s) Requested:	
CPT/HCPC code(s):	0036U
	CPT/HCPC description: Xome tum & nml spec seq alys
ICD-10 code(s):	Y35.2
	Dx description: Legal intervention involving gas

For modification/extension requests:	
Date last authorized:	07/04/2014
	Previous Blue Shield Promise authorization number: 1593314366
MD/NP/PA justification for request:	Xome tum & nml spec seq analysis is a powerful and important tool for the diagnosis of cancer. It can be used to detect genetic
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.