

## 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.

<b>Patient Information</b>		<b>Language spoken:</b> English	
Member's name: Denise Martin	DOB: 10/14/2004	Gender: M <input checked="" type="checkbox"/> F	
Street address: 9748 Jason Locks Apt. 558	City: Port Angela	State: Hawaii	ZIP code: 26545
Member's plan ID number: 62103550571	Effective date: 01/19/1998	Phone: +14470694245	

<b>Service Information</b>			
Referral requested by: Johnson, Schroeder and Harrison		Phone: +17306026865 FAX: +12160271541	
Request date: 12/03/1999	Referred to (servicing provider): Ram Stam, MA	NPI/Tax ID: 4272617780	Specialty: Otolaryngology
Servicing provider's full address: 51921 Christina Mount Suite 663 Marciaport, AR 47058		Phone: +19862908831	FAX: +18009387135
Facility name: West Russell	NPI/Tax ID: 9453112959	Phone: +18822223440	FAX: +15115856650

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 73650	CPT/HCPC description: X-ray exam of heel
ICD-10 code(s): J84.9	Dx description: Interstitial pulmonary disease, uns

<b>For modification/extension requests:</b>	
Date last authorized: 11/23/2021	Previous Blue Shield Promise authorization number: 48924736203

MD/NP/PA justification for request: A x-ray of the heel is a useful imaging technique for evaluating a variety of conditions, including heel fractures and stress fractures, as well

Requesting provider's name (please print): Ram Stam, MA	Provider's signature: Ram St
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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.