

## 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: Matthew Allen	DOB: 06/26/1965	Gender: M	F <input checked="" type="checkbox"/>
Street address: 1445 Barton Meadows	City: West Annapur	State: Hawaii	ZIP code: 33320
Member's plan ID number: 49618821356	Effective date: 09/17/1996	Phone: +18468308728	

<b>Service Information</b>			
Referral requested by: Webb-Holland	Phone: +16812945544 FAX: +12588114670		
Request date: 10/16/2000	Referred to (servicing provider): Stooj Blake, RN	NPI/Tax ID: 7809406339	Specialty: Anesthesiology
Servicing provider's full address: 175 Lane Parkway Suite 801 New Wendy, NC 35595		Phone: +13093700913	FAX: +16478165772
Facility name: West Johnnyfurt	NPI/Tax ID: 8470184413	Phone: +19964725399	FAX: +11781175198

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 58346	CPT/HCPC description: Insert heyman uteri capsule
ICD-10 code(s): Q73.8	Dx description: Other reduction defects of unspecif

<b>For modification/extension requests:</b>	
Date last authorized: 07/03/2002	Previous Blue Shield Promise authorization number: 73084770992
MD/NP/PA justification for request: The Heyman Uteri Capsule is a clear, plastic intrauterine device (IUD) that is designed to provide long-	
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.