

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: Brian Burke	DOB: 05/29/1974	Gender: M <input checked="" type="checkbox"/> F	
Street address: 90655 Maldonado Road Suite 478	City: Moralesburgh	State: Indiana	ZIP code: 52758
Member's plan ID number: 14199686811	Effective date: 10/09/2007	Phone: +14287863200	

Service Information			
Referral requested by: Knight Ltd	Phone: +14271960386 FAX: +14344525053		
Request date: 03/18/2010	Referred to (servicing provider): Inda Laec, PA	NPI/Tax ID: 8399906597	Specialty: Radiation Oncology
Servicing provider's full address: 44518 Gerald Freeway Apt. 816 Lake Michaelmouth, DE 63081	Phone: +15032477276 FAX: +18044456129		
Facility name: Lake Adam	NPI/Tax ID: 5299578385	Phone: +18450925166	FAX: +15237168101

Service(s) Requested:	
CPT/HCPC code(s): 74182	CPT/HCPC description: Mri abdomen w/dye
ICD-10 code(s): M31	Dx description: Other necrotizing vasculopathies

For modification/extension requests:	
Date last authorized: 02/14/2015	Previous Blue Shield Promise authorization number: 55103502325
MD/NP/PA justification for request: The requested MRI of the abdomen with contrast is clinically indicated to further evaluate a patient presenting with abdominal pain, as MRI is a more sensitive imaging	
Requesting provider's name (please print): Calk Barns, NP	Provider's signature: Calk B

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.