

## 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: Diana Turner	DOB: 12/04/1945	Gender: M	F <input checked="" type="checkbox"/>
Street address: 63867 Forbes Course Apt. 684	City: Paceton	State: Idaho	ZIP code: 84190
Member's plan ID number: 67192535852	Effective date: 07/10/2010	Phone: +13165381309	

<b>Service Information</b>			
Referral requested by: Lin-Ruiz	Phone: +10385587013 FAX: +15732603438		
Request date: 11/16/1993	Referred to (servicing provider): Dr. Almy Shaw, MD	NPI/Tax ID: 7438383642	Specialty: Pediatrics
Servicing provider's full address: 274 Phillips Prairie Suite 267 Lake Kelseystad, MS 12585	Phone: +19002917967	FAX: +10763110699	
Facility name: Hugheschester	NPI/Tax ID: 2749992354	Phone: +19367271024	FAX: +12828238755

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 93924	CPT/HCPC description: Lwr xtr vasc stdy bilat
ICD-10 code(s): N34.3	Dx description: Urethral syndrome, unspecified

<b>For modification/extension requests:</b>	
Date last authorized: 01/17/2000	Previous Blue Shield Promise authorization number: 55947657305
MD/NP/PA justification for request: Lower extremity vascular studies are important for the diagnosis, assessment, and treatment of a wide range of conditions, including peripheral artery disease, deep	
Requesting provider's name (please print): Inda Laec, PA	Provider's signature: Inda L

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.