

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:	Miss Hailey Anthony	DOB:	03/12/1957
Street address:	6081 Aaron Ville	City:	Barnettville
Member's plan ID number:	80054670378	State:	Iowa
		Effective date:	03/17/2006
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	30950
		Phone:	+12014490756

Service Information			
Referral requested by:	Lewis Inc	Phone:	+13603129056
		FAX:	+11659493023
Request date:	01/11/2012	Referred to (servicing provider):	Dr. Ltoen Klak, MD
		NPI/Tax ID:	931105039
		Specialty:	Clinical Pathology
Servicing provider's full address:	368 Abbott Curve West Melanienhaven, MI 43846		
Facility name:	Port Vincent	Phone:	+13156203425
		FAX:	+17182982376
	NPI/Tax ID:	752033537	Phone:
			+15351874465
		FAX:	+15778795078

Service(s) Requested:	
CPT/HCPC code(s):	77078
CPT/HCPC description:	Ct bone density axial
ICD-10 code(s):	Y57.0
Dx description:	Appetite depressants [anorectics]

For modification/extension requests:	
Date last authorized:	06/30/2015
Previous Blue Shield Promise authorization number:	57029065025
MD/NP/PA justification for request:	A CT bone density axial is indicated to evaluate the bone mineral density and identify any underlying bone diseases such as osteopenia or osteop
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.