

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: Shawn Adkins	DOB: 05/31/2009	Gender: M <input checked="" type="checkbox"/> F	
Street address: 78511 Rivera Road	City: Port Gabriel	State: Texas	ZIP code: 62337
Member's plan ID number: 2293811199	Effective date: 12/10/2022	Phone: +15279958610	

Service Information			
Referral requested by: Andrews and Sons		Phone: +13975628924 FAX: +13919133216	
Request date: 11/01/2006	Referred to (servicing provider): Bob Faylor, PA	NPI/Tax ID: 8738114724	Specialty: Pathology
Servicing provider's full address: 7821 Douglas Plains Apt. 181 Lake Jessica, IL 60539		Phone: +14411280247	FAX: +12558440562
Facility name: New Joseph	NPI/Tax ID: 7618865122	Phone: +12591988918	FAX: +16764782112

Service(s) Requested:	
CPT/HCPC code(s): 78433	CPT/HCPC description: Myocrd img pet 2rtracer ct
ICD-10 code(s): A80.0	Dx description: Acute paralytic poliomyelitis, vacc

For modification/extension requests:	
Date last authorized: 04/22/2016	Previous Blue Shield Promise authorization number: 69580415189
MD/NP/PA justification for request: Myocardial imaging with PET-2Rtracer CT is clinically justified for the evaluation and diagnosis of myocardial ischemia and	
Requesting provider's name (please print): Dr. Almy Shaw, MD	Provider's signature: Dr. Al

Accident?	If yes, where did he accident occur?
Yes No <input checked="" type="checkbox"/>	Home Work Auto Other:
IPA responsibility? Check box, if yes <input checked="" type="checkbox"/>	IPA authorization number: 7737982962
	Dates of service authorized (from/to): 12/01/22 - 12/10/22

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.