

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: Pamela Miller	DOB: 08/13/1982	Gender: M	F <input checked="" type="checkbox"/>
Street address: 551 Denise Stream	City: West Jacob	State: Missouri	ZIP code: 83258
Member's plan ID number: 64623327903	Effective date: 09/09/2003	Phone: +16151421691	

Service Information			
Referral requested by: Roberts-Kim	Phone: +18423926327 FAX: +16252086783		
Request date: 02/10/1994	Referred to (servicing provider): Pilot Kala, RN	NPI/Tax ID: 915468353	Specialty: Dermatology
Servicing provider's full address: 50013 John Grove West Jeff, AL 42462		Phone: +15016297594	FAX: +11857369153
Facility name: Port Mathewtown	NPI/Tax ID: 5665896191	Phone: +17908460338	FAX: +16299310233

Service(s) Requested:	
CPT/HCPC code(s): G0327	CPT/HCPC description: Colon ca scrn;bld-bsd biomrk
ICD-10 code(s): C46	Dx description: Kaposi sarcoma

For modification/extension requests:	
Date last authorized: 09/21/2017	Previous Blue Shield Promise authorization number: 25738976790
MD/NP/PA justification for request: Colorectal cancer is a major health problem, with a significant number of cases and deaths worldwide. Currently, screening for colorect	
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 <input checked="" type="checkbox"/>	IPA authorization number: 53430037714
	Dates of service authorized (from/to): 09/03/22 - 11/04/22

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.