

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: Jason Gibson	DOB: 02/09/1953	Gender: M <input checked="" type="checkbox"/> F	
Street address: 530 Christian Lodge Apt. 486	City: West Brianton	State: New Hampshire	ZIP code: 92330
Member's plan ID number: 42975439449	Effective date: 02/14/2016	Phone: +18384639755	

Service Information			
Referral requested by: Walton PLC	Phone: +18765182682	FAX: +18460738595	
Request date: 12/11/2005	Referred to (servicing provider): Bob Faylor, PA	NPI/Tax ID: 3710817730	Specialty: General Surgery
Servicing provider's full address: 393 May Highway Robertshire, SD 19928	Phone: +13759342269	FAX: +10934303557	
Facility name: Harperport	NPI/Tax ID: 7890241290	Phone: +15498210109	FAX: +12910730751

Service(s) Requested:	
CPT/HCPC code(s): 78216	CPT/HCPC description: Liver & spleen image/flow
ICD-10 code(s): Q80.8	Dx description: Other congenital ichthyosis

For modification/extension requests:	
Date last authorized: 10/05/1997	Previous Blue Shield Promise authorization number: 49053243305
MD/NP/PA justification for request: study A liver and spleen image/flow study is an imaging technique that is useful in diagnosing a variety of conditions, including hepatic	
Requesting provider's name (please print): Dr. Kareen Sharm, MD	Provider's signature: Dr. Ka

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.