

## 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:	Teresa Mccullough	DOB:	07/22/2010
Street address:	80181 Reyes Avenue	City:	East Michaelfurt
Member's plan ID number:	67864585311	State:	Washington
		Effective date:	04/23/2014
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	44689
		Phone:	+19076670274

<b>Service Information</b>			
Referral requested by:	Casey PLC	Phone:	+18699908648
		FAX:	+10700857769
Request date:	08/01/2006	Referred to (servicing provider):	Ram Stam, MA
		NPI/Tax ID:	2836245064
		Specialty:	OBGYN
Servicing provider's full address:	539 Mckinney Pines North Michael, IL 97094		
		Phone:	+13863167676
		FAX:	+14756641717
Facility name:	East Michelleland	NPI/Tax ID:	6592389818
		Phone:	+12112234986
		FAX:	+11677129819

<b>Service(s) Requested:</b>	
CPT/HCPC code(s):	73218
	CPT/HCPC description: Mri upper extremity w/o dye
ICD-10 code(s):	Y60.7
	Dx description: During administration of enema

<b>For modification/extension requests:</b>	
Date last authorized:	05/06/2019
	Previous Blue Shield Promise authorization number: 98614767394
MD/NP/PA justification for request:	The indication for an MRI of the upper extremity without dye is to evaluate for musculoskeletal pathology, including tears or abnormalities of
Requesting provider's name (please print):	Ram Stam, MA
	Provider's signature: Ram St

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.