

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.

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| Patient Information | | Language spoken: English | |
| Member's name: Tracy Hunt | DOB: 07/10/1939 | Gender: M | F |
| Street address: 08167 Hicks Meadows Apt. 223 | City: North Danielview | State: Delaware | ZIP code: 21325 |
| Member's plan ID number: 84262030116 | Effective date: 04/29/2004 | Phone: +15331544706 | |

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| Service Information | | | |
| Referral requested by: Nguyen, Thompson and Brown | Phone: +17735849136 | FAX: +18828500280 | |
| Request date: 01/15/1997 | Referred to (servicing provider): Bob Faylor, PA | NPI/Tax ID: 5532653029 | Specialty: Allergy |
| Servicing provider's full address: 291 Thomas Garden New Connie, ME 29266 | Phone: +14601695619 | FAX: +10118055466 | |
| Facility name: Guzmantown | NPI/Tax ID: 3388525849 | Phone: +12055949439 | FAX: +13077845747 |

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| Service(s) Requested: | |
| CPT/HCPC code(s): 72070 | CPT/HCPC description: X-ray exam of thoracic spine |
| ICD-10 code(s): Y61 | Dx description: Foreign object accidentally left in |

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| For modification/extension requests: | |
| Date last authorized: 02/24/2017 | Previous Blue Shield Promise authorization number: 19571947512 |
| MD/NP/PA justification for request: A thoracic spine X-ray is an important diagnostic tool which can provide a variety of information regarding an individual spine and related structures | |
| Requesting provider's name (please print): Dr. Kareen Sharm, MD | Provider's signature: Dr. Ka |

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| 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: 53856410280 |
| | Dates of service authorized (from/to): 04/22/22 - 12/09/22 |

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.