

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: John Young	DOB: 05/24/1955	Gender: M <input checked="" type="checkbox"/> F	
Street address: 3434 Hebert Groves Suite 519	City: Heatherland	State: Maine	ZIP code: 74561
Member's plan ID number: 76222779085	Effective date: 10/20/1995	Phone: +18510888809	

Service Information			
Referral requested by: Miller Ltd	Phone: +16781407009 FAX: +19750229817		
Request date: 10/06/2000	Referred to (servicing provider): Dr. Kareen Sharm, MD	NPI/Tax ID: 4490182045	Specialty: Diagnostic Radiology
Servicing provider's full address: 756 Ann Track Suite 252 Maciashaven, WY 50432	Phone: +18797640083 FAX: +16804530160		
Facility name: Lake Cody	NPI/Tax ID: 7346337311	Phone: +10408595842	FAX: +13122806462

Service(s) Requested:	
CPT/HCPC code(s): 70547	CPT/HCPC description: Mr angiography neck w/o dye
ICD-10 code(s): A27	Dx description: Leptospirosis

For modification/extension requests:	
Date last authorized: 06/15/2014	Previous Blue Shield Promise authorization number: 70016956902
MD/NP/PA justification for request: Mr. is a 43 year-old male with a 3 month history of intermittent torticollis and neck pain. The patient has also	
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	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.