

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: Matthew Alvarez	DOB: 12/09/1969	Gender: M	F <input checked="" type="checkbox"/>
Street address: 872 Hicks Spring	City: East Samuel	State: Kansas	ZIP code: 18961
Member's plan ID number: 97326205888	Effective date: 01/11/2003	Phone: +17016548503	

Service Information			
Referral requested by: Thompson Inc	Phone: +12356647083 FAX: +14494386461		
Request date: 06/06/2009	Referred to (servicing provider): Calk Barnks, NP	NPI/Tax ID: 6048413389	Specialty: Anesthesiology
Servicing provider's full address: 6158 Bethany Street Thompsonport, AL 30669		Phone: +11447702995	FAX: +10118129084
Facility name: Robertshaven	NPI/Tax ID: 7858815356	Phone: +10242254893	FAX: +12660869756

Service(s) Requested:	
CPT/HCPC code(s): Q0114	CPT/HCPC description: Fern test
ICD-10 code(s): R06.5	Dx description: Mouth breathing

For modification/extension requests:	
Date last authorized: 10/21/2013	Previous Blue Shield Promise authorization number: 17242234633
MD/NP/PA justification for request: Fern test is a laboratory test used to detect the presence of fern bodies in the urine which indicates bladder cancer. Clinical justification for Fern	
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.