

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:	Kara Huff	DOB:	04/11/1970
Street address:	2042 John Club Apt. 702	City:	Williamport
Member's plan ID number:	17811654750	Effective date:	09/30/1994
		Gender:	M F <input checked="" type="checkbox"/>
		State:	Mississippi
		ZIP code:	80812
		Phone:	+15299327141

Service Information			
Referral requested by:		Perez-Rodriguez	
Request date:		06/15/2020	
Referred to (servicing provider):		Stooj Blake, RN	
Servicing provider's full address:		57260 Angelica Fields Hinesview, GA 37320	
Facility name:		Lloydchester	
NPI/Tax ID:		1077227759	
Phone:		+16885169088	
FAX:		+11913899890	
Phone:		+11523945648	
FAX:		+18955076487	

Service(s) Requested:	
CPT/HCPC code(s):	74182
CPT/HCPC description:	Mri abdomen w/dye
ICD-10 code(s):	Q42
Dx description:	Congenital absence, atresia and ste

For modification/extension requests:	
Date last authorized:	06/22/2021
Previous Blue Shield Promise authorization number:	68358102977
MD/NP/PA justification for request: A MRI of the abdomen with dye is medically necessary to diagnose a wide range of conditions, including abdominal masses, hernias, organ enlarg	
Requesting provider's name (please print):	Ram Stam, MA
Provider's signature:	Ram St

Accident?	If yes, where did he accident occur?
Yes <input checked="" type="checkbox"/> No	Home Work <input checked="" type="checkbox"/> 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.