

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: Roberta Walker	DOB: 05/06/1959	Gender: M <input checked="" type="checkbox"/> F	
Street address: 69587 Wright Ridges Apt. 989	City: Hughestown	State: Georgia	ZIP code: 33155
Member's plan ID number: 43499703525	Effective date: 04/16/2000	Phone: +14394234144	

Service Information			
Referral requested by: Brooks PLC		Phone: +12244630354 FAX: +10575828009	
Request date: 11/07/2007	Referred to (servicing provider): Ram Stam, MA	NPI/Tax ID: 1857706739	Specialty: Internal Medicine
Servicing provider's full address: 8271 James Prairie Suite 932 Nathanport, ND 70141		Phone: +14961797623	FAX: +19923821973
Facility name: Evansville	NPI/Tax ID: 3520315712	Phone: +18159898683	FAX: +12962982342

Service(s) Requested:	
CPT/HCPC code(s): 0278U	CPT/HCPC description: Hem gen thrombosis 12 genes
ICD-10 code(s): S61.1	Dx description: Open wound of finger(s) with damage

For modification/extension requests:	
Date last authorized: 02/20/2007	Previous Blue Shield Promise authorization number: 81731211219
MD/NP/PA justification for request: Hem gen thrombosis 12 genes is a clinical genetic test used to examine the risk of developing a variety of hereditary thromb	
Requesting provider's name (please print): Calk Barns, NP	Provider's signature: Calk B

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