

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: Sharon Nguyen | DOB: 04/19/1935 | Gender: M <input checked="" type="checkbox"/> F | |
| Street address: 229 Faith Avenue Suite 847 | City: Chasehaven | State: West Virginia | ZIP code: 30873 |
| Member's plan ID number: 9247820973 | Effective date: 06/05/2018 | Phone: +18645601879 | |

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| Service Information | | | |
| Referral requested by: Miller PLC | Phone: +19453871917 FAX: +17306187839 | | |
| Request date: 09/11/2001 | Referred to (servicing provider): Bob Faylor, PA | NPI/Tax ID: 7116682606 | Specialty: Pathology |
| Servicing provider's full address: 05480 Brown Via Suite 047 South Jeffreyfort, IL 97726 | Phone: +14745264678 FAX: +16895818487 | | |
| Facility name: Larrytown | NPI/Tax ID: 7249526839 | Phone: +11032217155 | FAX: +11379590834 |

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| Service(s) Requested: | |
| CPT/HCPC code(s): 72170 | CPT/HCPC description: X-ray exam of pelvis |
| ICD-10 code(s): K74 | Dx description: Fibrosis and cirrhosis of liver |

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| For modification/extension requests: | |
| Date last authorized: 01/28/2000 | Previous Blue Shield Promise authorization number: 19105965093 |
| MD/NP/PA justification for request: Patient has an acute onset of abdominal pain, with possible referral of pain to the lower back and radiating to the groin. Patient also | |
| 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: 72067979323 |
| | Dates of service authorized (from/to): 03/07/22 - 11/10/22 |

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.