

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: David Booker	DOB: 06/30/1970	Gender: M <input checked="" type="checkbox"/> F	
Street address: 521 Patrick Wall Apt. 465	City: Mitchellside	State: Arizona	ZIP code: 02197
Member's plan ID number: 93694197615	Effective date: 11/18/2005	Phone: +12365567908	

Service Information			
Referral requested by: Harris, Haynes and Roberts		Phone: +10669903228 FAX: +16788047918	
Request date: 08/22/1998	Referred to (servicing provider): Dr. Peter Pan, MD	NPI/Tax ID: 3229559777	Specialty: Radiation Oncology
Servicing provider's full address: 278 Hill Branch Suite 641 Lake Maxmouth, FM 06422		Phone: +12279455510	FAX: +16947657452
Facility name: Rangelhaven	NPI/Tax ID: 3450271318	Phone: +15191020206	FAX: +15795463014

Service(s) Requested:	
CPT/HCPC code(s): 97607	CPT/HCPC description: Neg press wnd tx
ICD-10 code(s):	Dx description:

For modification/extension requests:	
Date last authorized:	Previous Blue Shield Promise authorization number:
MD/NP/PA justification for request:	
Requesting provider's name (please print):	Provider's signature:

Accident?	If yes, where did he accident occur?
Yes No	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.