

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:	Tiffany Mendoza DVM	DOB:	02/27/1931
Street address:	04931 Peters Skyway Apt. 436	City:	East Justinville
Member's plan ID number:	50725726729	State:	Georgia
		Effective date:	11/30/2002
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	53682
		Phone:	+10100891688

Service Information			
Referral requested by:	Horton-Gonzales	Phone:	+12506109913
		FAX:	+15184689215
Request date:	10/08/2012	Referred to (servicing provider):	Dr. Ltoen Klak, MD
		NPI/Tax ID:	9494143424
		Specialty:	Immunology
Servicing provider's full address:	1572 Randolph Avenue West Frederick, WA 09872		
Facility name:	Gonzalezton	Phone:	+12039203816
		FAX:	+16259756956
	NPI/Tax ID:	4852153926	Phone:
			+17829791575
		FAX:	+19994026396

Service(s) Requested:	
CPT/HCPC code(s):	72192
	CPT/HCPC description: Ct pelvis w/o dye
ICD-10 code(s):	Z43.1
	Dx description: Attention to gastrostomy

For modification/extension requests:	
Date last authorized:	10/12/2008
	Previous Blue Shield Promise authorization number: 57872534369
MD/NP/PA justification for request:	A computed tomography (CT) pelvis without contrast is a non-invasive imaging procedure that can help diagnose a variety of pelvic conditions
Requesting provider's name (please print):	Dr. Kareen Sharm, MD
	Provider's signature: Dr. Ka

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.