

## 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.

<b>Patient Information</b>		<b>Language spoken:</b> English	
Member's name: Andrew Reilly	DOB: 09/06/1967	Gender: M <input checked="" type="checkbox"/> F	
Street address: 153 Tammy Gardens Apt. 403	City: Morganside	State: Ohio	ZIP code: 68282
Member's plan ID number: 1097990876	Effective date: 07/19/2021	Phone: +17856925180	

<b>Service Information</b>			
Referral requested by: Delacruz-Tyler		Phone: +14474354829 FAX: +11673551894	
Request date: 11/05/2020	Referred to (servicing provider): Inda Laec, PA	NPI/Tax ID: 8955955824	Specialty: Anesthesiology
Servicing provider's full address: 16529 Stewart Flat Hamiltonview, IA 30179		Phone: +15363001265	FAX: +14711768044
Facility name: West Kim	NPI/Tax ID: 6823107614	Phone: +18890520304	FAX: +12142072046

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 70134	CPT/HCPC description: X-ray exam of middle ear
ICD-10 code(s): N89.2	Dx description: Severe vaginal dysplasia, not elsew

<b>For modification/extension requests:</b>	
Date last authorized: 08/13/2013	Previous Blue Shield Promise authorization number: 17413301777
MD/NP/PA justification for request: X-ray imaging of the middle ear is indicated for suspected pathology of the middle ear, such as acute otitis media, chronic otitis	
Requesting provider's name (please print): Inda Laec, PA	Provider's signature: Inda L

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.