

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: Kristy Dalton	DOB: 04/14/1984	Gender: M <input checked="" type="checkbox"/> F	
Street address: 29235 John Shore	City: West Douglassmouth	State: Texas	ZIP code: 96315
Member's plan ID number: 12294359305	Effective date: 10/19/2009	Phone: +18679792690	

Service Information			
Referral requested by: Marshall-Jackson		Phone: +13939348437 FAX: +13459314073	
Request date: 04/30/2009	Referred to (servicing provider): Dr. Almy Shaw, MD	NPI/Tax ID: 4594937851	Specialty: Anatomic
Servicing provider's full address: 824 Carlos Union Port Josephstad, KY 11791		Phone: +10651424429	FAX: +12682782485
Facility name: Valerietown	NPI/Tax ID: 8441219108	Phone: +10307828324	FAX: +17742415423

Service(s) Requested:	
CPT/HCPC code(s): 97130	CPT/HCPC description: Ther ivntj ea addl 15 min
ICD-10 code(s): O36.2	Dx description: Maternal care for hydrops fetalis

For modification/extension requests:	
Date last authorized: 07/14/2007	Previous Blue Shield Promise authorization number: 3569604831
MD/NP/PA justification for request: This clinical justification is for an additional 15 minutes of Ther ivntj (Therapy Intervention). The patient has failed to make	
Requesting provider's name (please print): Ram Stam, MA	Provider's signature: Ram St

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 <input checked="" type="checkbox"/>	IPA authorization number: 41100307599
	Dates of service authorized (from/to): 06/21/22 - 10/21/22

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.