

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:	Charles Daniel	DOB:	05/18/1933
Gender:	M	F	
Street address:	38917 Arnold Radial Suite 034	City:	Lake Joe
State:	New Jersey	ZIP code:	35204
Member's plan ID number:	6494702920	Effective date:	05/31/1998
Phone:	+17240491918		

Service Information			
Referral requested by:	Bryant-Mcguire	Phone:	+16220148705
FAX:	+10624615927		
Request date:	04/30/2001	Referred to (servicing provider):	Pilot Kala, RN
NPI/Tax ID:	3266972315	Specialty:	Otolaryngology
Servicing provider's full address:	765 Steven Street Jamesville, CO 89978	Phone:	+18088029368
FAX:	+14346799022		
Facility name:	South Nichole	NPI/Tax ID:	5665160543
Phone:	+11355189182	FAX:	+19739265660

Service(s) Requested:	
CPT/HCPC code(s):	97530
CPT/HCPC description:	Therapeutic activities
ICD-10 code(s):	R20.2
Dx description:	Paraesthesia of skin

For modification/extension requests:	
Date last authorized:	09/11/2002
Previous Blue Shield Promise authorization number:	79056956875
MD/NP/PA justification for request:	Therapeutic activities are important for people with physical, mental, or emotional disabilities. They can help improve physical and mental health, increase quality
Requesting provider's name (please print):	Dr. Peter Pan, MD
Provider's signature:	Dr. Pe

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.