

## 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: Kelly Rojas	DOB: 02/24/1997	Gender: M	F
Street address: 7379 Michelle Forge	City: North Jennifer	State: Missouri	ZIP code: 99469
Member's plan ID number: 33766152213	Effective date: 03/21/2002	Phone: +17689788348	

<b>Service Information</b>			
Referral requested by: Cooper PLC	Phone: +10044340979	FAX: +13945159862	
Request date: 10/27/2007	Referred to (servicing provider): Calk Barnks, NP	NPI/Tax ID: 3139990130	Specialty: Psychiatry
Servicing provider's full address: 3632 Williams Corner Apt. 935 West Donaldhaven, CA 94517	Phone: +17140116852	FAX: +10828683453	
Facility name: Lake Mary	NPI/Tax ID: 5308236450	Phone: +15139654150	FAX: +16512597994

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 0262U	CPT/HCPC description: Onc sld tum rtpr 7 gen
ICD-10 code(s): T45.4	Dx description: Poisoning: Iron and its compounds

<b>For modification/extension requests:</b>	
Date last authorized: 10/09/2022	Previous Blue Shield Promise authorization number: 34617645294

MD/NP/PA justification for request: I am recommending the Onc sld tum rtpr 7 gen test for this patient because it is a sensitive and specific test for the

Requesting provider's name (please print): Bob Faylor, PA	Provider's signature: Bob Fa
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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.