

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: Daniel Andrews	DOB: 11/28/1979	Gender: M	F <input checked="" type="checkbox"/>
Street address: 8893 Denise Point	City: Dennisbury	State: Minnesota	ZIP code: 71754
Member's plan ID number: 6336705658	Effective date: 05/06/2000	Phone: +14589271399	

Service Information			
Referral requested by: Stephens-White		Phone: +15979053260 FAX: +14818231316	
Request date: 01/06/2015	Referred to (servicing provider): Dr. Kareen Sharm, MD	NPI/Tax ID: 4279513161	Specialty: Ophthalmology
Servicing provider's full address: 58615 Berry Squares Millerside, LA 67082		Phone: +17203832295	FAX: +12248153652
Facility name: Timmouth	NPI/Tax ID: 279908276	Phone: +17935885251	FAX: +10984301931

Service(s) Requested:	
CPT/HCPC code(s): 71047	CPT/HCPC description: X-ray exam chest 3 views
ICD-10 code(s): C43.5	Dx description: Malignant neoplasm: Malignant melan

For modification/extension requests:	
Date last authorized: 05/08/2016	Previous Blue Shield Promise authorization number: 2206430520
MD/NP/PA justification for request: The patient is presenting with chest pain and shortness of breath and an X-ray exam chest 3 views is clinically indicated in order to rule	
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	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.