

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: Jessica Lee	DOB: 12/02/2006	Gender: M <input checked="" type="checkbox"/> F	
Street address: 762 Harrison Squares	City: Lisachester	State: New Hampshire	ZIP code: 63483
Member's plan ID number: 55805064924	Effective date: 10/07/2016	Phone: +11761201304	

Service Information			
Referral requested by: Nelson, Cox and Rhodes		Phone: +12460938074 FAX: +19088474242	
Request date: 01/08/2008	Referred to (servicing provider): Dr. Kareen Sharm, MD	NPI/Tax ID: 4682354872	Specialty: Psychiatry
Servicing provider's full address: 849 Wright Haven Suite 398 Shafferchester, TN 06511		Phone: +11733141777	FAX: +16533533311
Facility name: Thomasville	NPI/Tax ID: 9954379324	Phone: +17044449108	FAX: +10047116141

Service(s) Requested:	
CPT/HCPC code(s): 78262	CPT/HCPC description: Gastroesophageal reflux exam
ICD-10 code(s): D05	Dx description: Carcinoma in situ of breast

For modification/extension requests:	
Date last authorized: 11/16/2020	Previous Blue Shield Promise authorization number: 48634276046
MD/NP/PA justification for request: Gastroesophageal reflux (GER) is a common condition seen in many patients and can be associated with a wide range	
Requesting provider's name (please print): Bob Faylor, PA	Provider's signature: Bob Fa

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.