

## 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: Anthony Duncan	DOB: 06/24/1934	Gender: M <input checked="" type="checkbox"/> F	
Street address: 9060 Rivas Trail	City: Christophersmouth	State: Connecticut	ZIP code: 17969
Member's plan ID number: 86371035088	Effective date: 09/25/1994	Phone: +19293989237	

<b>Service Information</b>			
Referral requested by: Zamora, Taylor and Gutierrez		Phone: +15375201547 FAX: +16264068859	
Request date: 10/25/2022	Referred to (servicing provider): Dr. Almy Shaw, MD	NPI/Tax ID: 6106655844	Specialty: Orthopedic Surgery
Servicing provider's full address: 77235 Wendy Ports Lake Jackstad, PR 32228		Phone: +12137005296	FAX: +13139891848
Facility name: Port Katherine	NPI/Tax ID: 6003059152	Phone: +16122903633	FAX: +16338479098

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 73718	CPT/HCPC description: Mri lower extremity w/o dye
ICD-10 code(s): Z91.8	Dx description: Personal history of other specified

<b>For modification/extension requests:</b>	
Date last authorized: 06/14/2008	Previous Blue Shield Promise authorization number: 4919760872
MD/NP/PA justification for request: This MRI of the lower extremities is ordered to evaluate for soft tissue, muscle, and bone abnormalities that may cause the patient's	
Requesting provider's name (please print): Dr. Almy Shaw, MD	Provider's signature: Dr. Al

Accident?	If yes, where did he accident occur?
Yes No <input checked="" type="checkbox"/>	Home Work Auto Other:
IPA responsibility? Check box, if yes <input checked="" type="checkbox"/>	IPA authorization number: 20725614728
	Dates of service authorized (from/to): 08/01/22 - 09/05/22

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.