

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: Jacob Rhodes	DOB: 05/16/1966	Gender: M <input checked="" type="checkbox"/> F	
Street address: 569 Brown Junction Suite 185	City: North Julie	State: Missouri	ZIP code: 52613
Member's plan ID number: 97733733780	Effective date: 06/12/2004	Phone: +11834567823	

Service Information			
Referral requested by: Walker-Evans	Phone: +14585292858 FAX: +19335761199		
Request date: 12/30/2019	Referred to (servicing provider): Pilot Kala, RN	NPI/Tax ID: 6548954355	Specialty: Pathology
Servicing provider's full address: 043 Leonard Streets Amandastad, NC 32592		Phone: +12387211142	FAX: +14850188894
Facility name: Thomasport	NPI/Tax ID: 5608691654	Phone: +11262766752	FAX: +11295157683

Service(s) Requested:	
CPT/HCPC code(s): 77336	CPT/HCPC description: Radiation physics consult
ICD-10 code(s): R47.1	Dx description: Dysarthria and anarthria

For modification/extension requests:	
Date last authorized: 11/30/2012	Previous Blue Shield Promise authorization number: 94788563187
MD/NP/PA justification for request: Radiation physics consulting is an important part of radiation therapy and should be included in any comprehensive treatment plan. The radiation physics team assesses the	
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.