

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:	Nicholas Gonzalez	DOB:	12/09/1929
Street address:	63488 Ayala Gateway Suite 253	City:	Port Kenneth
Member's plan ID number:	77355975306	State:	Georgia
		Effective date:	12/16/2015
		Phone:	+11240762933
		Gender:	M F <input checked="" type="checkbox"/>
		ZIP code:	68623

Service Information			
Referral requested by:	Brown and Sons	Phone:	+16864305303 FAX: +17729405611
Request date:	03/12/2020	Referred to (servicing provider):	Dr. Kareen Sharm, MD
		NPI/Tax ID:	1104271156
		Specialty:	OBGYN
Servicing provider's full address:	73108 Jill Port Nicholasstad, MD 96616	Phone:	+19259144427 FAX: +17428084694
Facility name:	Danafurt	NPI/Tax ID:	7048798453
		Phone:	+16089911565 FAX: +14319652196

Service(s) Requested:	
CPT/HCPC code(s):	70300
CPT/HCPC description:	X-ray exam of teeth
ICD-10 code(s):	P94.1
Dx description:	Congenital hypertonia

For modification/extension requests:	
Date last authorized:	07/08/1999
Previous Blue Shield Promise authorization number:	82182449913
MD/NP/PA justification for request:	X-rays are an essential and valuable diagnostic tool for dental care. X-rays can detect dental issues early, allowing for more effective and
Requesting provider's name (please print):	Ram Stam, MA
Provider's signature:	Ram St

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: 32551230415
	Dates of service authorized (from/to): 09/29/22 - 11/03/22

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.