

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: Terry Hudson	DOB: 02/01/1962	Gender: M	F <input checked="" type="checkbox"/>
Street address: 347 Kayla Via	City: North Robert	State: Iowa	ZIP code: 03340
Member's plan ID number: 65345554095	Effective date: 02/18/2008	Phone: +12676202649	

Service Information			
Referral requested by: Taylor-Farmer	Phone: +14791750716 FAX: +15996337080		
Request date: 05/27/2002	Referred to (servicing provider): Pilot Kala, RN	NPI/Tax ID: 3755926879	Specialty: Preventive Med.
Servicing provider's full address: 15703 Hebert Way Williamville, MH 69200		Phone: +14790898895	FAX: +14117512200
Facility name: Reginaldshire	NPI/Tax ID: 1699038628	Phone: +15277438758	FAX: +10256624837

Service(s) Requested:	
CPT/HCPC code(s): 78494	CPT/HCPC description: Heart image spect
ICD-10 code(s): T31.2	Dx description: Burns involving 20-29% of body surf

For modification/extension requests:	
Date last authorized: 08/16/2008	Previous Blue Shield Promise authorization number: 18789404163
MD/NP/PA justification for request: Heart imaging spect is a non-invasive imaging test capable of providing detailed information about the structure and function of the heart. This test is	
Requesting provider's name (please print): Pilot Kala, RN	Provider's signature: Pilot

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.