

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:	Elizabeth Hall	DOB:	01/03/1966
Street address:	4630 Bryan Forest	City:	Port Angelicamouth
Member's plan ID number:	52313410302	State:	Delaware
		Effective date:	12/17/2018
		Gender:	M F <input checked="" type="checkbox"/>
		ZIP code:	78139
		Phone:	+12249407392

Service Information			
Referral requested by:	Watson-Jones	Phone:	+17280535884 FAX: +16540188397
Request date:	01/09/2019	Referred to (servicing provider):	Pilot Kala, RN
		NPI/Tax ID:	8525051582
		Specialty:	Nuclear Medicine
Servicing provider's full address:	853 Sarah Divide Port Williamhaven, AR 53150	Phone:	+18719153695
		FAX:	+18102479777
Facility name:	South Kaylaborough	NPI/Tax ID:	2750870636
		Phone:	+14460351584
		FAX:	+12906043823

Service(s) Requested:	
CPT/HCPC code(s):	73070
CPT/HCPC description:	X-ray exam of elbow
ICD-10 code(s):	A24.2
Dx description:	Subacute and chronic melioidosis

For modification/extension requests:	
Date last authorized:	11/12/2015
Previous Blue Shield Promise authorization number:	2354162639
MD/NP/PA justification for request:	A clinical justification for an X-ray examination of the elbow is warranted in cases of suspected elbow trauma or injury. An X-ray can
Requesting provider's name (please print):	Inda Laec, PA
Provider's signature:	Inda L

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.