

## 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:	Sheila Thomas	DOB:	12/06/1931
Street address:	45395 Newman Light Apt. 841	City:	North Eric
Member's plan ID number:	2171802440	State:	Oregon
		Effective date:	11/15/1994
		Phone:	+16691459612

<b>Service Information</b>			
Referral requested by:	Davis Group	Phone:	+10033803669
		FAX:	+14026368505
Request date:	08/14/2008	Referred to (servicing provider):	Dr. Ltoen Klak, MD
		NPI/Tax ID:	4508071673
		Specialty:	Radiation Oncology
Servicing provider's full address:	824 Diane Ferry Apt. 127 Port Krista, WV 25667		
Facility name:	Lowetown	Phone:	+11573577022
		FAX:	+15439055810
	NPI/Tax ID:	5145616831	
		Phone:	+19274654752
		FAX:	+11306191115

<b>Service(s) Requested:</b>	
CPT/HCPC code(s):	78201
	CPT/HCPC description: Liver imaging
ICD-10 code(s):	G57.5
	Dx description: Tarsal tunnel syndrome

<b>For modification/extension requests:</b>	
Date last authorized:	05/22/2000
	Previous Blue Shield Promise authorization number: 85077624076
MD/NP/PA justification for request:	A liver imaging is clinically indicated to evaluate a patient presenting with abdominal pain, jaundice, fatigue, and an enlarged liver on physical examination
Requesting provider's name (please print):	Dr. Ltoen Klak, MD
	Provider's signature: Dr. Lt

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.