

## 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: Jeanne Jones	DOB: 11/18/1987	Gender: M	F <input checked="" type="checkbox"/>
Street address: 0848 Jason Highway	City: Josephhaven	State: Alabama	ZIP code: 51237
Member's plan ID number: 25059789960	Effective date: 02/02/2002	Phone: +19922456507	

<b>Service Information</b>			
Referral requested by: Smith-Yang	Phone: +10632564052 FAX: +15302936190		
Request date: 12/30/1994	Referred to (servicing provider): Calk Barnks, NP	NPI/Tax ID: 4088835601	Specialty: Psychiatry
Servicing provider's full address: 88676 Cardenas Lock Apt. 209 South Robert, OK 48620		Phone: +16141772229	FAX: +12097998583
Facility name: Kellichester	NPI/Tax ID: 9118617262	Phone: +13597531421	FAX: +10088874613

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): 70498	CPT/HCPC description: Ct angiography neck
ICD-10 code(s): V57.1	Dx description: Occupant of pick-up truck or van in

<b>For modification/extension requests:</b>	
Date last authorized: 08/13/2007	Previous Blue Shield Promise authorization number: 67641609773
MD/NP/PA justification for request: CT angiography may be used to detect or rule out vascular or neck pathology when diagnosis cannot be established through other imaging modalities such as	
Requesting provider's name (please print): Dr. Almy Shaw, MD	Provider's signature: Dr. Al

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.