TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

Review Type: Non-Urgent Urgent Clinical Reason for Urgency: mptXHPMmoCmaAkvNkZYNlv Request Type: Initial Request Extension/Renewal/Amendment Prev. Auth. #: 0-00-698770-2	
Review Type: Non-Urgent Urgent Urgent Clinical Reason for Urgency: mptXHPMmoCmaAkvNkZYNlv Request Type: Initial Request Extension/Renewal/Amendment Prev. Auth. #: 0-00-698770-2 SECTION III — PATIENT INFORMATION Name:	1111222
Review Type: Non-Urgent Urgent Urgent	/11/2000
Request Type: Initial Request Extension/Renewal/Amendment Prev. Auth. #: 0-00-698770-2 SECTION III — PATIENT INFORMATION Name:	
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Name: Phone: 1-6461613889 10/25/1978 Male Provider of Medicaid ID #: 97391612077 978-0-561-59164-3	
Subscriber Name (if different): Member or Medicaid ID #: Group #: 97391612077 978-0-561-59164-3	
Jared Manning	male
Joseph Smith 97391612077 978-0-561-59164-3 SECTION IV — PROVIDER INFORMATION Requesting Provider or Facility Name: Stooj Blake, RN NPI #: 1651283579 Specialty: Nuclear Medicine Phone: +17934512474 Fax: +15579665698 Phone: +19835771087 Primary Care Provider Name (see instructions): Navarro PLC Requesting Provider's Signature and Date (if required): 07/14/2006 Phone: +14085958405 SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICI Planned Service or Procedure Covid-19 lab test non-cdc - U0002 Oy/28/1997 Oroc clrct ca img alys w/ai - 0261U Linpatient	nknown
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Requesting Provider or Facility Name: Stooj Blake, RN NPI#: 1651283579 Specialty: Nuclear Medicine Phone: +17934512474 Fax: +15579665698 Phone: +17934512474 Fax: +15579665698 Phone: +17934512474 Requesting Provider's Signature and Date (if required): 07/14/2006 Requesting Provider's Signature and Date (if required): 07/14/2006 Phone: +14085958405 Requesting Provider's Signature and Date (if required): 07/14/2006 Requesting Provider Signature and Date (if required): 07/14/2006 Requesting Provider Signature and Date (if required): 07/14/2006 Requesting Provider On Index of Diagnosis Description (ICD version_) Recurrent Date (Index Date Date Date Date Date Date Date Date	
Name: Stooj Blake, RN NPI #: 1651283579 Specialty: Nuclear Medicine NPI #: 5644441057 Specialty: Immunolog Phone: +17934512474 Fax: +15579665698 Phone: +15529742699 Fax: +1556285 Contact Name: Dr. Amy Shaw, MD Phone: +19835771087 Requesting Provider's Signature and Date (if required): 07/14/2006 Phone: +14085958405 Fax: +19598058833 SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICI Planned Service or Procedure Code Start Date End Date Diagnosis Description (ICD version) Covid-19 lab test non-cdc - U0002 O9/28/1997 Orc clrct ca img alys w/ai - 0261U 10/20/2015 Onc clrct ca img alys w/ai - 0261U 10/20/2015 O1/23/2014 Injury of pancreas - S36.2 Inpatient Outpatient Provider Office Observation Home Day Surgery Physical Therapy Occupational Therapy Duration: Frequency: Other: WNIrNRS/ Home Health (MD Signed Order Attached? Yes No) Number of Visits: Duration: Frequency: Other: Other: DME (MD Signed Order Attached? Yes No) Number of Visits: Duration: Frequency: Other: Duration: Duration: Section VI Equipment/Supplies (include any HCPCS Codes): Duration: Duration	
NPI#: 1651283579	
Phone: +17934512474 Fax: +15579665698 Phone: +15529742699 Fax: +1556285 Contact Name: Dr. Amy Shaw, MD	
Contact Name: Dr. Amy Shaw, MD Requesting Provider's Signature and Date (if required): 07/14/2006 Requesting Provider's Signature and Date (if required): 07/14/2006 Phone: +14085958405 Fax: +19598058833 SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICI Planned Service or Procedure Code Start Date End Date Diagnosis Description (ICD version_) Covid-19 lab test non-cdc - U0002 09/28/1997 05/31/1998 Arthritis in mycoses - M01.6 Tomosynthesis, mammo screen - G0279 10/22/2016 10/11/2017 Chronic tonsillitis - J35.0 Onc clrct ca img alys w/ai - 0261U 10/20/2015 06/30/2016 Blood alcohol level of less than 20 - Y Extracranial study - 93880 01/23/2014 11/04/2014 Injury of pancreas - S36.2 Inpatient Outpatient Provider Office Observation Home Day Surgery Other: wNIirNRS/ Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance Number of Sessions: 7 Duration: 60 minites Frequency: daily Other: VPlbxfHbjtnBoV Home Health (MD Signed Order Attached? Yes No) Number of Visits: Duration: Frequency: Other: DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes Duration: DME (MD Signed Order Attached? Yes No) Equipment/Supplies (include any HCPCS Codes): Duration:	gy
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