

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: Joseph Miles	DOB: 05/13/2010	Gender: M	F <input checked="" type="checkbox"/>
Street address: 262 Jason Well	City: Autumnland	State: New Hampshire	ZIP code: 90176
Member's plan ID number: 42687931950	Effective date: 02/06/2014	Phone: +15702265277	

Service Information			
Referral requested by: Miller Group	Phone: +15074112197 FAX: +15110053021		
Request date: 10/13/2000	Referred to (servicing provider): Inda Laec, PA	NPI/Tax ID: 5904527259	Specialty: Clinical Pathology
Servicing provider's full address: 1469 Johnson Pass Suite 235 Jimenezshire, ND 19985	Phone: +12155375165	FAX: +10192782029	
Facility name: West Rachelshire	NPI/Tax ID: 7469875179	Phone: +12379527955	FAX: +16763691578

Service(s) Requested:	
CPT/HCPC code(s): 70380	CPT/HCPC description: X-ray exam of salivary gland
ICD-10 code(s): X66	Dx description: Intentional self-poisoning by and e

For modification/extension requests:	
Date last authorized: 04/23/2004	Previous Blue Shield Promise authorization number: 95551135561

MD/NP/PA justification for request: The ordering of an x-ray exam of the salivary glands is clinically justified due to the need to assess the size, shape.

Requesting provider's name (please print): Dr. Kareen Sharm, MD	Provider's signature: Dr. Ka
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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.