

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: Amber Cantrell	DOB: 01/04/1983	Gender: M	F <input checked="" type="checkbox"/>
Street address: 9512 Ronald Coves Suite 243	City: New Anthony mouth	State: Illinois	ZIP code: 43218
Member's plan ID number: 51066264511	Effective date: 02/02/2002	Phone: +16589544126	

Service Information			
Referral requested by: Campbell LLC	Phone: +14106215182 FAX: +14156002458		
Request date: 03/19/2015	Referred to (servicing provider): Dr. Peter Pan, MD	NPI/Tax ID: 3659826488	Specialty: Preventive Med.
Servicing provider's full address: 3800 Carroll Cape Apt. 124 Chambersside, HI 67818	Phone: +15798712966	FAX: +16183194105	
Facility name: North Stephanieton	NPI/Tax ID: 2063060578	Phone: +12828799503	FAX: +12629676335

Service(s) Requested:	
CPT/HCPC code(s): 0274U	CPT/HCPC description: Hem gen pllt do 43 genes
ICD-10 code(s): E16.9	Dx description: Disorder of pancreatic internal sec

For modification/extension requests:	
Date last authorized: 11/28/2007	Previous Blue Shield Promise authorization number: 88721355438
MD/NP/PA justification for request: The hemoglobin gene panel of 43 genes is requested to evaluate the underlying molecular cause of anemia in a patient who has signs and symptoms suggestive	
Requesting provider's name (please print): Bob Faylor, PA	Provider's signature: Bob Fa

Accident?	If yes, where did he accident occur?
Yes <input checked="" type="checkbox"/> No	Home Work Auto Other: <input checked="" type="checkbox"/>

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.