Authorization Details

Priority Status: 1 - STAT

HUMOHZBEION MITOHMACION

Determination Date:

Time:

Company ID: HDMG Authorization # 25061714470000250102

Requested Date:06/17/2025 **APPROVED** Status:

Time: 11:52:14 Processed By:

Place Of Service: OUTPATIENT HOSPITAL **Auth Action:** 06/18/2025

LOS: 0

Expiration Date: 09/16/2025 **HP Authorization #:**

Authorized Units Request Category:

Requested Units: Service Type:

Decision Date: 6/18/2025 **Certification Type:**

Auth Service Pkg: Admit Source:

Admit Type: **Facility Code:**

Patient Status:

Additional Master Info

Patient Information

MESTAZ, MARIO **Patient Name:**

DOB:

06/04/1963

Age:

62 YEARS

Gender:

MALE

Home Phone:

(661)795-7515

Memb ID:

H75300079-00

Healthplan: HUMS

PCP OV Co-Pay: N/A

A

Diagnosis Information

Code **Version Description** LOINC Code PAROXYSMAL ATRIAL 148.0 10 **FIBRILLATION**

Authorization Details

Authorization intormation

Authorization # 25061714470000250101

Company ID: **HDMG**

Status:

APPROVED

Requested Date: 06/17/2025

Processed By:

Time:

11:52:14

Place Of Service: OUTPATIENT HOSPITAL

Auth Action:

06/18/2025

LOS:

Determination Date:

Priority Status: 1 - STAT

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Expiration Date: 09/16/2025

Request Category:

Authorized Units

Service Type:

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Decision Date: 6/18/2025

Certification Type:

Admit Source:

Auth Service Pkg:

Facility Code:

Admit Type:

Patient Status:

Additional Master Info

Patient Information

Diagnosis Information

Patient Name:

MESTAZ, MARIO

Code Version Description

LOINC Code

DOB:

148.0

10

PAROXYSMAL ATRIAL FIBRILLATION

06/04/1963

Age:

62 YEARS

Gender:

MALE

Home Phone:

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Memb ID:

H75300079-00

Healthplan:

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HUMS

PCP OV Co-Pay:

N/A