

Authorization Details

Authorization Information

Authorization # 25061714470000250102

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: 0

Determination Date :

Priority Status: 1 - STAT

Time:

HP Authorization #:

Expiration Date: 09/16/2025

Request Category:

Authorized Units:

Service Type:

Requested Units: 1

Decision Date: 6/18/2025

Certification Type:

Admit Source:

Auth Service Pkg:

Facility Code:

Admit Type:

Patient Status:

Additional Master Info

Patient Information

Patient Name: MESTAZ, MARIO L
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

Diagnosis Information

Code	Version	Description	LOINC Code
I48.0	10	PAROXYSMAL ATRIAL FIBRILLATION	

Authorization Details

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