Name: KHANAL, MD,

Provider900074

Specialty: ARDIOVASCULAR DISEASE

Phone: (661)674-4222

Fax:

(661)674-4211

Service Area:

Facility Provider Information

Name: ANTELOPE VALLEY MEDICAL CENTER

Provider9E8001

Specialty:10SPITAL

Phone: (661)949-5000

Fax: (661)206-6224

| | | | | | 5 | Service | s | | | | | | |
|--------|------------------------|----------------|--------------------|---------------------|---------|---------|------------------------------------|------|------|----------|------|-------------|---|
| Status | Additional Dtl Info | Auth Action | Auth Expiration | Auth Proc Grp | Service | Туре | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | 1 |
| | ADDITIONAL DTL INFO | 06/18/2025 | 09/16/2025 | | 93312 | P | ECHO TRANSESOPHAGEAL | | | landa, a | | 1.000 | ţ |
| | ADDITIONAL DTL INFO | 06/18/2025 | 09/16/2025 | | 93320 | P | DOPPLER ECHO COMPLETE | | | | | 1.000 | (|
| | ADDITIONAL DTL INFO | 06/18/2025 | 09/16/2025 | | 93325 | P | DOPPLER ECHO COLOR FLOW MAPG | | | | | 1.000 | t |

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Name: ANTELOPE VALLEY MEDICAL CENTER

Provider988001

Specialty: OSPITAL

Phone: (661)949-5000

Fax:

(661)206-6224

Service Area:

Facility Provider Information

Name: ANTELOPE VALLEY MEDICAL CENTER

Provider9E8001

Specialty: OSPITAL

Phone: (661)949-5000

Fax: (661)206-6224

Services

Auth Service Type Description Mod1 Mod2 Mod3 Mod4 Auth Co-Status Additional Auth Auth Proc | (Expiration Pay Action Qty Dtl Info Grp 1.000 250.00 OPERATING ADDITIONAL 06/18/2025 09/16/2025 360 Н ROOM DTL INFO SERVICES

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