

Durable Medical Equipment Treatment Authorization Request

	Routine Request		Modification/ Extension		Retroactive Request		Urgent Request
FAX:	(323) 889-6504	FAX	(: (323)889-6504	FA)	((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.

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Requesting provider's name (please print): Provider's signature:	Provider's signature:								
Accident? If yes, where did he accident occur?									
Yes No Home Work Auto Other:									
IPA responsibility? IPA authorization number:	IPA authorization number:								
Check box, if yes Dates of service authorized (from/to):	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.