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Treatment Form # 8202780

Today's Date: 07/27/2007

This Clinical Treatment Form (CTF) is not a guarantee of payment. Final payment is subject to group benefit limits and member eligibility

Member

Member: ANDERSON, TIFFANY ID Number: 0007897964 - 01
 Health Plan: KAISER PERMANENTE - NORTHERN CA

Processing Information

Received: 7/24/2007 Approved: 7/25/2007 Processed: 7/25/2007
 Reviewed By: Rick Prest, D.C. Extension: 3422
 Form Type: Supportive Care

Clinical Treatment Form

Requested From: 6/25/2007 Requested Thru: 8/25/2007
 Approved From: 6/25/2007 Approved Thru: 8/25/2007

Procedure	#Requested	#Approved	#Used
New Patient Examination	0	0	0
Subsequent Examination	1	1	0
Office Visits	4	4	0
Adjunctive Therapy	0	0	0
Appliances	0	0	0
Lab	0	0	0
Procedure	#Requested	#Approved	#Used
Prolonged Services	0	0	0
Cervical x-ray	0	0	0
Lumbar x-ray	0	0	0
Thoracic x-ray	0	0	0
Other x-ray	0	0	0

The #Used column above represents the number of services paid as of today's date
 Please keep in mind that there may be unprocessed claims on file

Primary Diagnosis

Code	Description*
729.2	UNS NEURALGIA-NEURITIS & RADICULITIS

* Services approved on this response form are for the condition described by this ICD-9 code. Please note that when billing, you must submit claims with all ICD-9 codes documented to the highest level of specificity per HC coding standards.

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