

Jul 27, 2011 12:26

ALPINE ORTHOPAEDIC AUTHORIZATION REQUEST FORM

Patient: ANDERSON, TIFFANY

DATE: 07/27/11

Account#: DI168478

Type of Request: ROUTINE

Date of Request: 07/27/11

Primary Insurance: DAMERON INDUSTRIAL

Secondary Insurance:

Patient Name: ANDERSON, TIFFANY

D.O.B.: 08/22/1970

Sex: F

Date of Inj: 06/19/08

Claim #: VE0700184

Condition Related to:

REQUESTED OFFICE INFORMATION

Req By : PATTY CAMPOY

Phone: (209) 946-7107

Fax: 209 948-3331

Contact:

Phone:

Fax:

Physician: GARY T MURATA, MD

2488 NORTH CALIFORNIA, STOCKTON CA, 95204

REQUESTED PROCEDURES/SERVICES (who/what/where)

ICD-9: 836.0

Diagnosis: TEAR, MEDIAL MENISCUS

Procedure & CPT codes: 73721-00 MRI JOINT/LOWER EXTREMITY

Primary Care Physician: DAMERON OCCUPATIONAL H

Visit Type: SPECIAL TEST OR PROCEDURE Visits Requested:

Date of Service:

Place of Service: AOMG MRI

Type of Service: MEDICAL OFFICE

Provider Name: ALPINE ORTHOPAEDIC

Phone: 209 948-3333

Fax: 209 948-3331

Additional Information:

REASON FOR REQUEST:

PLEASE SEE ATTACHED NOTES/REPORTS FOR SIGNIFICANT PHYSICAL FINDINGS, LAB/X-RAY REPORTS, TREATMENT TO DATE, AND MEDICATIONS TO DATE

AUTHORIZATION

Date Approved:

Hospital: \_\_\_\_\_ Authorization #

Signature: \_\_\_\_\_

- \* All or some of the physicians of ALPINE ORTHOPAEDIC MEDICAL GROUP \*
- \* have financial interest in the following: 1) in-office DEXASCAN, \*
- \* MRI and X-RAY, 2) the AMBULATORY SURGERY CENTER of STOCKTON, and 3) \*
- \* Allez Spine, LLC ( a spine instrumentation company which sells \*
- \* to hospitals and ambulatory surgery centers) \*