

TO
From

ALPINE ORTHOPAEDIC
Patient: ANDERSON, TIFFANY

AUTHORIZATION REQUEST FORM

DATE: 08/25/08
Account#: DI168478

Type of Request: ROUTINE

Date of Request:

9-5-08
FA 916-563-1919

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

Physician: GARY T. MURATA, M.D.

2488 NORTH CALIFORNIA, STOCKTON CA, 95204

REQUESTED PROCEDURES/SERVICES (who/what/where)

ICD-9: 836.0

Diagnosis: SPRAIN/STRAIN MED MENISCUS/CARTILAG

Procedure & CPT codes: 29881-00 ARTHROSCOPY W/MEN MED/LAT

Primary Care Physician:

Visit Type: SURGERY

Visits Requested:

Date of Service:

Place of Service: AMBULATORY SX CENTER

Type of Service: OUT PATIENT

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) *