American Specialty Health Plans o Alfornia, Inc. (ASH Plans)
P.O. Box 509002, San Diego, CA 92150-9002
Fax: 877/427-4777

REC SIDERATION / MODIFICATION (Chiropractic) For questions, please call ASH Plans at 800/872-4226

Patient Name ANGLY ON TIFE MAN Patient ID # MARA 79 L4 . 61 Preating D C DY. JAMOS GRAYA Address 515 S FAIRWOYA QUE. B City/State/Zp Locu CA 95240 Phone (2/2) 333-3401 Fax (201)333-909 RECONSIDERATION (This option should only be chosen when submitting additional information to support treatment/services not approved in the original submission) Submitting Additional/Revised information Please clarify which treatment/services you are submitting for reconsideration and provide rationale you may attach the current Clinical Treatment Form and additional information may also be attached or included below MODIFICATION (This option should only be chosen if you need to modify the treatment/services already approved or agreed upon in the original submission) X-Rays and/or Radiological Consultation Views required Rationale for films/consult: Supports / Appliances Supports / Appliances sequired Dates of Service - Changes, Extensions (up to 30 days), Reductions The treatment periodicates should be Sart (mm/dd/yyyy) Diff (QU)	. av. 0111451-4111	
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City/State/Zip	Address 515 S Fairmont alle. B	ASH PLANS TREATMENT FORM #
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