The current Provider Portal will be deprecated on 09/01. Please visit our new Provider Portal (beta).
Visit new Provider Portal

ALLIED PACIFIC OF CALIFORNIA

Authorization Detail

Auth Number:	APC - 20220506799998702040	**Status:**	**Approved**
Health Plan Auth No:		**Action Date:**	05/06/2022
Request Date:	05/06/2022	**Expiration Date:**	11/02/2022
Referral Type:	ROUTINE REFERRAL	**Retro Date:**	
Cert Type:			

Patient Name:	JOHNSON, PHYLLIS 10431 SAINT JAMES AVE SOUTH GATE, CA 90280	**Date of Birth:**	02/04/1964
		Gender:	F
		Member ID:	94394372C
		Member PCP:	CHAN, ANGELA SIN LWAY
Phone:	(323) 687-1729		
Health Plan:	LA CARE MEDI-CAL		

Referral By:	CHAN, ANGELA SIN LWAY
Phone number:	(562) 927 1307
Fax number:	(562) 927 0978

Referral To:	BREASTLINK WOMEN'S IMAGING LONG BEACH, RADNET	**Address:**	3320 LOS COYOTES DIAGONAL #112 LONG BEACH, 90808-3918
Specialty:	(R) RADIOLOGY	**Phone Number:**	(562) 627-0903
POS:	(11) OFFICE	**Fax Number:**	(562) 627-0923
Facility:		**Address:**	
		Phone Number:	

REFERENCE	DIAG CODE	DESCRIPTION
1	M54.2	CERVICALGIA

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
72040	X-ray exam neck spine 2-		M54.2	1

Notes

Attachment:
Notifications: 05/06/2022 10:44 PM Approval_Letter.pdf ()

Provider's Responsibilities:

Eligibility must be verified 24 hours before the actual date of service. Provider MUST confirm with Health Plan/IPA that the member's health plan coverage is still in effect. APC reserves the right to revoke this authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

08/12/2022 at 11:51AM

REF#: APC-20220506799998702040:94394372C