

* * * Communication Result Report (Aug. 16. 2023 12:20PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Aug. 16. 2023 12:14PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
4874 Memory TX	97478446	P. 6	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax

P.O Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 344-244-3396



AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn:

To: Bm CE outpatient radiology From: WHS

Fax: 747-8446 Pages: 0

Phone: _____ Date: 8/16/23

Re: STAT CT order

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

demographics, insurance card, CT order, & prior approval
attached

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

P.O Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 344-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: _____

To: Bm CE outpatient radiology

From: WHS

Fax: 747-8440

Pages: 0

Phone: _____

Date: 8/10/23

Re: Stat CT order

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

demographics, insurance card, CT order, & prior approval
attached

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
334-244-3281

Patient Demographics

Name: MOORE, LAKAYLA
Address: 7007 BRASSIE BND
MONTGOMERY, AL 36116
Pri Phy:

Chart No.: 4903
DOB: 03/09/1987
SSN:
Gender: FEMALE

Contact Information

Home Phone:
Mobile Phone: 256-239-1611
Mobile Phone 2:
Personal Email: ljohns24@aum.edu
Work Email:

Work Phone:
Other Phone:

Primary Insurance Information

Insurance Company: BCBS
Address: 450 RIVERCHASE PKWY EAST
BIRMINGHAM, AL 35244

Group No.: 37655
Policy No.: QAU886403534
Phone: Invalid Phone

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGNATURE LINE
BLUE PATTERN BACKGROUND, THERMOCHROMIC INK

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Lindsey Barton, C.N.P.
NPI 1215285879

Maryluz Fuentes, M.D.
(334) 244-4322
DEA #BF 6451520
AL #24127

Name Lakayla Moore Date 8/16/2023
Address DOB 3/9/87

Rx CT abd/pelvis w/contrast stat
R/O Diverticulitis
DX: R10.30, R19.7, R50.9
Fax or call 244-3281
(5) 244-33910

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

Dispense As Written

SECURE RX - HEAT SENSITIVE VOID THIS STRIP BETWEEN FINGERS

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGNATURE LINE
BLUE PATTERN BACKGROUND, THERMOCHROMIC INK

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Lindsey Barton, C.N.P.
NPI 1215285879

Maryluz Fuentes, M.D.
(334) 244-4322
DEA #BF 6451520
AL #24127

Name Lakayla Moore Date 8/16/2023
Address DOB 3/9/87

Rx CBC, CMP, C-RP, sed rate
DX: R10.30, R19.7, R50.9
Fax Results to (334) 244-33910

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

Dispense As Written

SECURE RX - HEAT SENSITIVE VOID THIS STRIP BETWEEN FINGERS



BlueCross BlueShield
of Alabama



Subscriber Name

LAKAYLA D MOORE

Contract Number

QAU886403534

In-Ntwk Ded (Ind/Fam): \$500 / *

Out-of-Ntwk Ded (Ind/Fam): \$500 / *

In-Ntwk OOP (Ind/Fam): \$9,100 / \$18,200

Out-of-Ntwk OOP (Ind/Fam): NA / NA

Group Number **37655**

Effective Date **01-01-2023**

Rx BIN Number **004915**

HEALTH

PAC



Order Request

Summary

Health Plan: **BCBSAL**
Scheduled Date of Service: **8/16/2023**

Order ID: **226337324**

Approval Valid Through:
08/16/2023 - 10/14/2023

Authorized

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information:	Ordering Provider:	Servicing Provider:
MOORE , LAKAYLA Member #: QAU886403534 7007 BRASSIE BND MONTGOMERY , AL 361166032 Date of Birth: 03/09/1987 Phone: (256)239-1611	BARTON , LINDSEY 7461 EAST DRIVE STE 102 MONTGOMERY , AL 36117 Phone: (334)244-3281 Fax: (334)244-3396 NPI: 1215285879	BCBS IMAGING PROVIDER BCBS IMAGING PROVIDER BIRMINGHAM , AL 0-0000 Phone: Fax: (603)542-1812 NPI: TIN: 361236610

The information below was obtained from the Ordering Provider and has not been independently verified by Carelon Medical Benefits Management. Carelon assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record.

Please call 866-803-8002 for all Urgent Requests.

REQUESTED EXAMS

EXAM	REQUEST STATUS	REASON	ACTION
CT Abdomen/Pelvis Combination With Contrast	Authorized	Criteria Met	Review Withdraw Exam Exam

 = Multiple Decisions Rendered

The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed.

CPT GROUP DETAILS

CPT GROUP	CPT DESCRIPTION	CPT GROUP DESCRIPTION
74176	CT abd & pelvis	CT Abdomen/Pelvis Combination
74177	CT abd & pelv w contrast	CT Abdomen/Pelvis Combination
74178	CT abd & pelv wo/w contrast	CT Abdomen/Pelvis Combination

Total Records Found : 3

The issuance of an Order ID is not a guarantee of benefits; payment is subject to the member's eligibility and plan provisions in effect at the time of service.