



Kaiser Permanente
2401 Merced Street
San Leandro, Ca 94577
Phone (510) 969-7758 Fax (510) 505-9160

Livermore Location
164 North L Street, Suite 107
Livermore, CA 94550-2118
Phone 925-273-7000 Fax (510) 505-9160

Washington Hospital West
2500 Mowry Avenue Suite 130
Fremont, CA 94538
Phone (510) 790-1911 Fax (510) 505-9160

Email to: fremontreception@hersbreastcancerfoundation.org

FAX to: _____

FAX # _____

DATE: _____

Phone # _____

On the form below, we have indicated what your patient needs from our Program. Please request an authorization from her medical group.

HMO AUTHORIZATION REQUEST for:

Patient: _____ **Date of Birth** _____

Insurance Name: _____ **Group Name:** _____

Date of Surgery: _____

_____ Patient has a continued need for products due to Mastectomy (L R Bilateral)

_____ Patient has a continued need for products due to Partial Mastectomy (L R Bilateral)

- Qty:** _____ **#L8000 Surgical Bras** **Diagnosis Code (ICD-10)** _____
- _____ **#L8030 Breast Prosthesis (Silicone)**
- _____ **#L8035 Breast Prosthesis (Custom)**
- _____ **#L8020 Breast Prosthesis (Foam)**
- _____ **#L8015 External Breast Prosthesis Garment**
- _____ **#S8424 Compression Sleeve (Ready-Made)**
- _____ **#S8428 Compression Gauntlet (Ready-Made)**
- _____ **#S8427 Compression Glove (Ready-Made)**
- _____ **#A9282 Cranial Prosthesis**

Authorization Must Include New NPI, Confirmation of PECOS Enrollment & ICD 10 Code
Fax to HERS Breast Cancer Foundation

*Any questions, please call us at your corresponding location.
Thank you for your prompt attention so we may serve your patient and ours!*

Information in this facsimile is confidential. If you received this in error, please fax or call us.