

Case Details

Requestor

Name: Jae Arellano
Department: Insurance Rep
Phone Number: +1 (310) 882-5454
E-mail Address:
frontdesk@drjaimeschwartz.com
UR Department PhoneNumber:
UR Department Fax Number:
UR Department Contact Info:

Patient

Member ID: 217800565307
Employee's Name: STEPHANIE BRAKEFIELD
Name: STEPHANIE BRAKEFIELD
Date-of-Birth: 07-17-1963
Home Phone:

Details (Medical Outpatient)

Treatment Setting: Outpatient
Treatment Type: Medical
Urgency: Elective

Start Date: 01-17-2024

Direct Network: TRH HEALTH
DIRECT AGREEMENTS WITH NBR

Primary Network:
UNITEDHEALTHCARE CHOICE
PLUS

Diagnosis

Code	Description
R60.9	EDEMA UNSPECIFIED
M79.606	PAIN IN LEG UNSPECIFIED

Services

Code	Description	Unit
15879	SUCTION LIPECTOMY LWR EXTREM	2 H
15877	SUCTION LIPECTOMY TRUNK	1 H

Facility Information

Name: TLC SURGICAL CENTER
Address: 240 S LA CIENEGA BLVD # 210
City, State and ZIP: BEVERLY HILLS CA 90211
Phone:
Tax Identification Number: 833724406

Provider Information

First Name: JAIME
Last Name: SCHWARTZ
Gender: M
Address: 240 S LA CIENEGA BLVD
City, State and ZIP: BEVERLY HILLS CA 90211
Phone: 3108825454
Tax Identification Number: 460858507
National Provider Identifier: 1336397660

Prior authorization and predetermination are not a guarantee of benefits. Please contact the benefits department to verify coverage and benefit information for the member.

Transaction Submission Confirmation

Case ID# 666392 was submitted on 01-17-2024 by frontdesk@drjaimeschwartz.com