

Government Programs:

Behavioral Health Inpatient Request Form



PO Box 66189
Virginia Beach, VA 23466
1-800-888-2611 | Medicaid
1-888-946-1167 | Medicare/D-SNP

Submit via the provider portal or fax to the
Urgent Fax Line: **757-963-9619** or **1-844-348-3719**

Sentara Medicare Advantage | Sentara Community Complete (D-SNP) | Sentara Community Plan

Form Completed by:

| | | |
|-------|--------|------|
| Name: | Phone: | Fax: |
|-------|--------|------|

Member Information:

| | | |
|---------------------|------------|-------------|
| Member ID/Policy #: | Last Name: | First Name: |
| Date of Birth: | Phone: | |
| Address: | City: | State: |

Date of Admission: _____
Type of Admission: ☐ Voluntary ☐ TDO TDO Hearing Date: _____
Type of Review: ☐ Initial ☐ Continued Stay ☐ Post-service Review
AdmittingDiagnosis(es): _____

Provider Information:

☐ Check box if the treating provider is not contracted with Sentara Health Plans.

| Requesting Provider |
|---------------------|
| Physician/Provider: |
| Specialty: |
| NPI: |
| Phone: |
| Fax: |
| Address: |

| Treating Provider |
|---------------------|
| Physician/Provider: |
| Specialty: |
| NPI: |
| Phone: |
| Fax: |
| Address: |

Tentative Discharge Plan: _____

Estimated Length of Stay: _____

Please attach the following supporting documentation:

- ☐ History and Physical ☐ Recent Progress Notes
☐ Most Recent Lab Results ☐ Medication Administration Record