

Government Programs:

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

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date

Type of Admission: ☐ Inpatient ☐ Residential Date of Admission: _____

TDO: ☐ Yes ☐ No Hearing Date: _____

Type of Review: ☐ Admission ☐ Admission post TDO expiration ☐ Concurrent

Facility: _____ Sentara Provider ID#: _____

Attending MD: _____ Sentara Provider ID#: _____

Out-of-Network? ☐ Yes ☐ No If yes, please provide NPI: _____ Tax ID: _____

UM Contact: _____ UM Phone: _____ UM Fax: _____

Psychiatric Diagnoses With ICD-10 Codes (Axis I/Axis II): _____

Medical Issues or Concerns: _____

Pertinent Lab Value(s) With Dates: _____

Pertinent Vital Signs, CIWA/COWS Scores With Dates: _____

Clinical for Medical Necessity (include reason for admission, precautions, drug dependence, current withdrawal symptoms, social history, group participation, family therapy, reasons for continued stay):

Current Psychiatric/Neurologic and Significant Medical Medications (include name and dose, date ordered/changed, last time PRN meds given): _____

Treatment Plan/Discharge Plan: _____

Disposition/ELOS: _____