

Commercial Plans: Behavioral Health Review Sheet for Sentara Health Plans

PO Box 66189
Virginia Beach, VA 23466

Please submit via the provider portal or
fax to **757-431-7763** or **1-844-723-2096**

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

Type of Admission: PHP IOP Units Requested: _____ Date of Admission: _____
Days of Program: _____ Type of Review: Admission Concurrent
Facility: _____ NPI: _____ Tax ID: _____
Attending MD: _____ NPI: _____ Tax ID: _____
Out of Network If yes, please provide NPI: _____ Tax ID: _____
UM Contact: _____ UM Phone: _____ UM Fax: _____
Psychiatric Diagnoses With ICD-10 Codes (Axis I/Axis II): _____

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 Medications (include name and dose, date ordered/changed, last time PRN meds given): _____

Disposition /ELOS: _____

Please provide supporting clinical documentation with request.