

Authorization Request Form for Commercial Behavioral Health Outpatient Services

Authorization requirements can be found at pal.sentarahealthplans.com.

Priority	Fax Number
Nonurgent	757-431-7763 / 1-844-723-2096

Note: Both local and toll-free fax numbers have been listed. Please do not fax to both fax numbers as this may delay processing your request.

Check here if urgent

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The National Committee for Quality Assurance (NCQA) defines an urgent request as a request for medical care or services where application of the time frame for making routine or non-life-threatening care determinations:

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgement, *or*
- Could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state, *or*
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Member Information			
Name:		DOB:	ID#:
Diagnosis Code(s):			
Type of Service			
	Partial Hospitalization Program (PHP)		Intensive Outpatient Program (IOP)
	Applied Behavioral Analysis (ABA)		Electroconvulsive Therapy (ECT)
	Repetitive Transcranial Magnetic Stimulation (rTMS)		Psych Testing
	Office Visit(s)		Other - Please specify:
Outpatient Procedure Codes / Diagnostic Services			
CPT/HCPC Code(s)	Units or Days	Description	Date of Service

Completed By

Name:					
Phone:		Ext:		Fax:	

Requesting Provider

Provider requesting the procedure or service to be performed

Name:		Group Name:	
NPI:		Tax ID:	
Phone:		Fax:	

Treating Provider/Facility

Facility or location where the procedure or service is being completed

Name:			
NPI:		Tax ID:	
Phone:		Fax:	
Place of Service:			