OPTIMA HEALTH

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4417 Corporation Lane
Virginia Beach, VA 23462
1-844-512-3172 | OHCC and DSNP
1-800-229-8822 | Medicare and OFC

Government Programs: Authorization Request for Future Outpatient Services

Optima Medicare Advantage | Optima Community Complete (DSNP)
Optima Health Community Care | Optima Family Care

Please submit via fax to 757-963-9623 or 1-844-348-3720

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

The below information and pertinent medical notes are required to process your request:

☐ **Out of Area Request** ☐ **Outpatient Service** ☐ **23 Hour OBS** ☐

Date of Service____/____/____

Diagnosis Codes:_____Diagnosis Description: _____

Procedure Codes:
_____/_____/_____/_____/_____

Procedure Description:

_____

_____

_____

Provider Information

Full Name of Ordering Physician: _____Specialty _____

Optima Provider #_____NPI # _____ Tax ID # _____

Servicing Provider/Hospital/Facility: _____

Optima Provider # _____ NPI # _____ Tax ID # _____

Person Completing Form: _____Phone: _____ Fax: _____

Authorization status can be checked at optimahealth.com or by calling Provider Relations.

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