![Sentara Health Plans logo]

For urgent requests, call 1-888-251-3063.

Medicare or Medicaid Inpatient Procedure/Service Request Form

☐ Inpatient

☐ Observation

☐ Elective Inpatient

☐ IRF/IPR

☐ LTAC

☐ SNF

Please fax <u>inpatient</u> requests to: Medicare: 757-500-4835/833-459-0784
Medicaid: 757-963-9621/844-220-9565

Please fax <u>post-acute</u> requests to:
Medicare757-470-5941/833-459-0783
Medicaid 757-963-9622/844-220-9572

For questions, call: 1-800-881-2166, option 2

_____*Please indicate if this is an urgent request

Member Info:					
Name:		DOB:		ID#:	
Admission/Procedure:					
CPT/HCPC Code(s):	1	2	3	4	5
Additional codes:					
Date of Service:			Diagnosis code(s):		
Requesting Provider:			*Tax ID and NPI required		
Name:			Group Name:		
NPI:			Tax ID:		
Phone:			Fax		
Facility:			*Tax ID and NPI required		
Hospital/facility Name:					
NPI:			Tax ID:		
Phone:			Fax:		

Person Filling Out Form:		
Name:		
Ph:	Ext:	Fax:

Important: Please submit supportive clinical documentation to substantiate the need for service, including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.

Visit our list of codes that require or do not require authorization at: virginiapremier.com/providers/prior-authorization-tool/