

Government Programs: Authorization Request for Advanced Imaging Services

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

Please submit via fax to 757-837-4700 or 1-844-857-6408

CT/CTA

MRI/MRA

PET

Date of Service: _____

Member Name / Last, First

Member ID / Policy #

Date of Birth / Age

Today's Date

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Full Name of Requesting Provider: _____

Optima Provider #: _____ NPI #: _____ Tax ID#: _____

Phone: _____ Fax: _____

The following information is required to process your request:

Diagnosis Code(s): _____

Diagnosis: _____

Procedure Code(s): _____ / _____ / _____

Procedure Description: _____

Hospital / Facility (Full Name): _____

Optima Provider #: _____ NPI #: _____ Tax ID#: _____

Person Completing this Form: _____

Phone: _____ / Ext: _____ Fax: _____

Relevant clinical notes are required to process this request