

Government Programs: Authorization Request: Home Health Services

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

Please submit via fax to 757-963-9626 or 1-844-220-9673

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

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

Diagnosis Codes: _____ Diagnosis Description: _____

Provider Information

Full Name of Ordering Physician: _____

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

Full Name of Requesting Physician: _____

Phone: _____ Fax: _____

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

Person Completing Form: _____

Phone: _____ Fax: _____

Is the member homebound? Yes ☐ No ☐

Skilled Nursing Physician Orders:

Start of Care: _____ Through: _____

Initial visits requested: _____ Additional visits requested: _____

Physical Therapy Physician Orders:

Start of Care: _____ Through: _____

Initial visits requested: _____ Additional visits requested: _____ Body Part: _____

Occupational Therapy Physician Orders:

Start of Care: _____ Through: _____

Initial visits requested: _____ Additional visits requested: _____ Body Part: _____

Speech Therapy Physician Orders:

Start of Care: _____ Through: _____

Initial visits requested: _____ Additional visits requested: _____

MSW / HHA Physician Orders:

Start of Care: _____ Through: _____

Initial visits requested: _____ Additional visits requested: _____