

Government Programs: Authorization Request for Inpatient and Observation Services

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

Health Care Services-Hospital Review Team

Please only fill out this form for members who require authorization and are currently in the hospital receiving services

Hospital Review Team Fax: (757) 963-9621 or
1-844-220-9565

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

☐ Out of area request ☐ Inpatient admission ☐ Outpatient service

Date of service _____

Requesting Provider: (Full Name) _____

Optima ID or Tax or NPI #: _____

Phone: _____ Fax: _____

The following information is required to process your request:

Diagnosis Code(s): _____ / Diagnosis: _____

Procedure Codes: _____ / _____ / _____

Hospital / Facility (Full Name): _____

Tax ID or NPI: _____

Person Completing this Form: _____

Phone: _____ / ext: _____ Fax: _____

Please attach relevant clinical documentation to this request. Please submit clinical information no later than 48 hours after admission to the facility.