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Sentara Health Plans

PO Box 66189
Virginia Beach, VA 23466

# Commercial Plans: Outpatient

## Physical Occupational-Speech Therapies

Please submit via the provider portal or
fax to **757-431-7759** or **1-844-668-1552**

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

Start of Care Date: ____/____/_____ Initial Visits Requested: _____

Rehabilitative Diagnosis Code(s): _____

Habilitative Diagnosis Code(s): _____

Body Part Being Treated: _____ Right _____ Left _____ Both _____

Evaluation Date: ____/____/____ New Injury: (describe or N/A)_____

**Provider Information**

Full Name of Ordering Physician:

_____

Sentara Provider# _____ NPI# _____ Tax ID# _____

Full Name of Requesting Provider:

_____

Sentara Provider# _____ NPI# _____ Tax ID#_____

Person Completing Form: _____ Phone: _____ Fax:_____

**Extension Request:**

Authorization# _____ Additional Body Part (Dx., Eval date) _____

Number of Additional Visits Requested: _____ Please extend the date to: ____/____/_____

To ensure timely processing of your request:

- ATTACH THE EVALUATION
- Choose discipline(s) requested: ☐ **PT** ☐ **OT** ☐ **ST**
- Choose the treatment code(s). The code(s) will allow payment of all covered therapy treatment codes:

☐ 97110 Exercise-Physical and/or Occupational Therapy ☐ 92507 Speech Therapy

**Check if applicable:**

☐ Day Rehab ☐ Wheelchair Trng/Clinic ☐ Early Intervention*

**Early intervention services require pre-authorization. Please submit the IFSP for review.*

*Authorization status can be checked at* **sentarahealthplans.com**
*or by calling provider services at 1-800-229-8822*