

Commercial Plans: Authorization Request for Nutritional Therapy and Enteral Supplies

PO Box 66189
Virginia Beach, VA 23466

Please submit via the provider portal or
fax to **757-431-7758** or **1-844-668-1551**

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

Full Name of Ordering Physician: _____ Phone _____

Sentara Provider ID# _____ NPI# _____ Tax ID# _____

Full Name of Servicing Provider (DME/Home Health): _____ Phone: _____

Sentara Provider ID# _____ NPI#: _____ Tax ID# _____

Person Completing Form: Name _____ Phone: _____ Fax: _____

Diagnosis Codes: ____/____/____/____ Diagnosis: _____

Is Formula: Sole Source _____ or Primary Source _____?

Feeding Method: by Mouth _____ NG Tube _____ G Tube _____ Bolus _____ Continuous _____

Intermittent _____ Daytime _____ Nighttime _____

List of Other Sources of Nutrition: _____

Name of Formula Requested: _____ Is this available over the counter? _____

REQUIRED: Number of cans per day: _____ total calories per day: _____

Date of Service	Requested Codes (Include Per Diem Codes)	Quantity	Additional Information (Purchase or Rental if Applicable)