

Commercial Plans:

Authorization Request: Home Health Services

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

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 Code(s): _____ Diagnosis Description: _____

Provider Information

Full Name of Ordering Physician: _____

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

Full Name of Requesting Physician: _____

Phone: _____ Fax: _____

Sentara 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: _____