

Outpatient service request form for government programs

Medicaid requests	Fax number
Routine	1-844-348-3720
Urgent	1-844-857-6409
Medication	<p>Please use the appropriate pharmacy request form located on our website.</p> <p>*Please note, National Committee of Quality Assurance (NCQA) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function.</p>

Check here if urgent: ☐

<p>Important: Please submit supportive clinical documentation to substantiate the need for service, including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports. Submit required photos to SHPphoto@sentara.com.</p>			
<p>Visit our list of codes that require or do not require authorization at: pal.sentarahealthplans.com.</p>			
Member information			
Name:		DOB:	ID#:
Diagnosis code(s):			
Outpatient procedure codes/diagnostic services			
CPT/HCPC code(s)	Units	Description	Date of service

Additional codes:			

Medication specific information - Please include medication specific prior auth form if applicable.					
HCPC code(s)	Dose	Frequency	Start date	End date	
Outpatient therapy - The below codes will allow payment for all covered therapy treatment codes.					
Select	Type	# of visits	Start date	End date	
<input type="checkbox"/>	Physical therapy 97110				
<input type="checkbox"/>	Occupational therapy 97530				
<input type="checkbox"/>	Speech therapy 92507				
Home health therapy					
Type		HCPC code(s)	# of visits	Start date	End date
Skilled nursing					
Physical therapy					
Occupational therapy					
Speech therapy					
Medical social worker					
Home health aide					
Completed by					
Name:					
Phone:		Ext:		Fax:	
Requesting provider					
Name:			Group name:		
NPI:			Tax ID:		

Phone:		Fax:	
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Treating provider/facility			
Name:		Group name:	
NPI:		Tax ID:	
Phone:		Fax:	

Additional information:
