

# Commercial Plans:

## Authorization for Future Inpatient and Outpatient Services

PO Box 66189  
Virginia Beach, VA 23466

Please submit via the provider portal or fax:

Inpatient Requests: Fax to **757-431-7760** or **1-844-668-1553**

Outpatient Requests: Fax to **757-431-7761** or **1-844-723-2094**

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

The below information and pertinent medical notes are required to process your request:

**Out of Area Request**

**Inpatient Admission**

**Outpatient Service**

**23 Hour OBS**

Date of Service \_\_\_/\_\_\_/\_\_\_

Diagnosis Codes: \_\_\_/\_\_\_/\_\_\_/\_\_\_

Diagnosis Description: \_\_\_\_\_

Procedure Codes: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Procedure Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Provider Information**

Full Name of Ordering Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Sentara Provider# \_\_\_\_\_ NPI# \_\_\_\_\_ Tax ID# \_\_\_\_\_

Full Name of Servicing Provider/Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sentara Provider# \_\_\_\_\_ NPI# \_\_\_\_\_ Tax ID# \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_