# **Government Programs:**

## Authorization Request for Behavioral Health Outpatient Services

Medicaid | Medicare

Submit via the provider portal or fax to

- Urgent: **757-963-9619** or **1-844-348-3719**
- Non-Urgent: 757-963-9620 or 1-844-895-3231

Form	Com	pleted	by:

Name:	Phone:		Fax:				
Request Priority: Urgent	Non-Urgent	Post-service					
Member Information:							
Member ID/Policy #:	Last Name:		First Name:				
Date of Birth:	Phone:						
Address:		City:		State:			

### **Provider Information:**

Check box if the treating provider is not contracted with Sentara Health Plans.

Requesting Provider	Treating Provider
Physician/Provider:	Physician/Provider:
Name of Company:	Name of Company:
Specialty:	Specialty:
NPI:	NPI:
Tax ID:	Tax ID:
Phone:	Phone:
Fax:	Fax:
Address:	Address:

## Service Information:

🗆 Initial	Continued Stay	Date Services Started:		rted:	Current Cert#:	
Start Date:		End Date:		te:		
Diagnosis/ICD-10 Code(s):				Diagnosis Description:		
CPT/HCPC Code(s): F		Procedure or Description:		scription:	Quantity/Units/# of Visits:	
1.						
2.						
3.						

#### Comments:

#### □ Supporting Clinical Documents Attached



PO Box 66189 Virginia Beach, VA 23466 **1-800-888-2611** | Medicaid **1-888-946-1167** | Medicare/D-SNP Authorization is not a guarantee of payment. Authorization status can be checked at sentarahealthplans.com

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