

Government Programs:

Authorization Request for Behavioral Health Outpatient Services

PO Box 66189
Virginia Beach, VA 23466
1-800-888-2611 | Medicaid
1-888-946-1167 | Medicare/D-SNP

Submit via the provider portal or fax to the
Urgent Fax Line: **757-757-963-9620** or **1-844-895-3231**

Sentara Community Complete (D-SNP) | Sentara Community Plan

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

☐ ECT ☐ rTMS ☐ Behavioral Health Procedure

Date of Service ____/____/____

Provider Information

Requesting Provider: _____ Specialty: _____

Sentara Provider# _____ NPI# _____ Tax ID# _____

Phone: _____ Fax: _____

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

Diagnosis Codes: _____/Diagnosis: _____

Procedure Codes:

_____/_____/_____/_____/_____

Procedure Description:

Provider Group

Tax ID# _____ NPI# _____

Person Completing Form: _____ Phone: _____ Fax: _____

Authorization is not guarantee of payment