

Outpatient service request form for government programs

Medicaid requests	Fax number	Medicare or D-SNP requests	Fax number
Routine	757-963-9623 or 1-844-348-3720	Routine	757-963-9625 or 1-844-220-9566
Urgent	757-837-4704 or 1-844-857-6409	Urgent	757-963-9626 or 1-844-220-9673
Medication	757-579-8625 or 1-844-305-2331	Medication	757-963-9624 or 1-844-895-3232

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:	

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

Additional information:
