

Government Programs: Authorization Request for Urgent Services

Please submit via fax to 757-837-4704 or 844-857-6409

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

☐ **Out of Area Request** ☐ **Inpatient Admission** ☐ **Outpatient Service** ☐ **23 Hour OBS**

Date of Service / /

Diagnosis Codes: _____ Diagnosis Description: _____

Procedure Codes: _____ / _____ / _____ / _____

Procedure Description:

Full Name of Ordering Physician: _____ Specialty _____

Optima Provider #	NPI #	Tax ID #
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Servicing Provider/Hospital/Facility: _____

Optima Provider #	NPI #	Tax ID #
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Person Completing Form: _____ Phone: _____ Fax: _____