Government Programs: Authorization Request for Urgent Services

Optima Medicare Advantage | Optima Community Complete (DSNP)

Optima	Health Community Care	e Optima Family Care	
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
The below information and pertir	nent medical notes are re	auired to process vour r	eauest:
□ Out of Area Request □			-
		Date of Ser	vice/
Diagnosis Codes:	Diagnosis	Description:	_
Procedure Codes:			
Procedure Description:			
<u>Provider Information</u>			
Full Name of Ordering Physician:		Specialty	
Optima Provider #	NPI#	Tax ID # _	
Servicing Provider/Hospital/Facility	:		
Optima Provider#	NPI#	Tax ID #	

Person Completing Form: ______Phone: ______Fax: _____

