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Sentara Health Plans

PO Box 66189
Virginia Beach, VA 23466

Commercial Plans:
Behavioral Health Inpatient Request Form

Please submit via the provider portal or
fax to **757-431-7763** or **1-844-723-2096**

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

Type of Admission: Inpatient Residential Date of admission: _____

TDO: Yes No Hearing Date: _____

Type of Review: Admission Concurrent

Facility: _____ NPI: _____ Tax ID:_____

Attending MD: _____ NPI: _____ Tax ID:_____

UM Contact: _____ UM Phone: _____ UM Fax: _____

Psychiatric Diagnoses With ICD-10 Codes (Axis I/Axis II): _____

_____

Medical Issues or Concerns: _____

_____

Pertinent Lab Value(s) With Dates: _____

_____

Pertinent Vital Signs, CIWA/COWS Scores With Dates: _____

_____

Clinical for Medical Necessity (include reason for admission, precautions, drug dependence, current withdrawal symptoms, social history, group participation, family therapy, reasons for continued stay):_____

_____

_____

_____

_____

_____

_____

Current Psychiatric/Neurologic and Significant Medical Medications (include name and dose, date ordered/changed, last time PRN meds given): _____

_____

_____

Treatment Plan/Discharge Plan: _____

_____

Disposition/ELOS:_____

Please provide supporting clinical documentation with request.

Authorization status can be checked at **sentarahealthplans.com**
or by calling provider services at 1-800-229-8822