

# Government Programs: Authorization Request for Future Inpatient Services

Optima Medicare Advantage | Optima Community Complete (DSNP)  
Optima Health Community Care | Optima Family Care

Health Care Services-Hospital Review Team

Please only fill out this form for members who require pre-authorization for a future inpatient request for a procedure or surgery.

Hospital Review Team Fax: (757) 470-5941 or 833-459-0783

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

☐ Inpatient admission      ☐ Out of network request

Date of service \_\_\_\_\_

Requesting Provider: (Full Name) \_\_\_\_\_

Optima ID or Tax or NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information is required to process your request:

Diagnosis Code(s): \_\_\_\_\_ / Diagnosis: \_\_\_\_\_

Procedure Codes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hospital / Facility (Full Name): \_\_\_\_\_

Tax ID or NPI: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_

Phone: \_\_\_\_\_ / ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Please attach relevant clinical documentation to this request. Requests missing pertinent information could delay authorization processing. Authorization is not a guarantee of payment.