

Commercial Plans: Authorization for Urgent Services

PO Box 66189
Virginia Beach, VA 23466

Urgent Fax Line: **1-888-576-9675**

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

The below information and pertinent medical notes are required to process your request:

Out of Area Request Inpatient Admission Outpatient Service 23 Hour OBS
Date of Service ____/____/____

Diagnosis Codes: ____/____/____/____

Diagnosis Description: _____

Procedure Codes:
_____/_____/_____/_____/_____

Procedure Description:

Provider Information

Full Name of Ordering Physician: _____ Specialty: _____

Sentara Provider# _____ NPI# _____ Tax ID# _____

Full Name of Servicing Provider/Facility: _____ Phone: _____ Fax: _____

Sentara Provider# _____ NPI# _____ Tax ID# _____

Person Completing Form: _____ Phone: _____ Fax: _____