

# Commercial Plans: Authorization for Urgent Services

PO Box 66189  
Virginia Beach, VA 23466

Submit via the Provider Portal or fax to the  
Urgent Fax Line: **757-552-7176** or **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: \_\_\_\_\_