

Government Programs: Authorization Request for Nutritional Therapy and Enteral Supplies

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

Please submit via fax to 757-963-9624 or 1-844-895-3232

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

☐ Date of Service _____

Provider Information

Full Name of Ordering Physician: _____ Phone: _____

Optima Health Provider ID # _____ NPI # _____ Tax ID# _____

Full Name of Servicing Provider (DME/Home Health): _____ Phone: _____

Optima Health Provider ID # _____ NPI # _____ Tax ID# _____

Person Completing Form: Name _____ Phone: _____ Fax: _____

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

Diagnosis Codes: ____/____/____/____ Diagnosis: _____

Is Formula: Sole Source _____ or Primary Source _____?

Feeding Method: By Mouth _____ NG Tube _____ G tube _____ Bolus _____ Continuous _____

Intermittent _____ Daytime _____ Nighttime _____

List of other sources of nutrition: _____

Name of Formula Requested: _____ Is this available over the counter _____

REQUIRED: Number of cans per day: _____ total of calories per day: _____ Code: _____

Date of Service	Requested codes	Quantity	Purchase or Rental if applicable