

## Commercial Inpatient Request Form

- ☐ Elective Inpatient
- ☐ Inpatient
- ☐ IRF/IPR
- ☐ LTACH
- ☐ SNF

Fax requests for **inpatient** procedures that are planned (with future date of service) to:  
757-431-7760 / 1-844-668-1553

Fax **concurrent** inpatient requests (member is currently receiving care) to:  
757-510-9432 / 1-866-466-1452

Fax **post-acute** requests for IRF/IPR, LTACH, & SNF to:  
757-822-6201 / 1-844-715-6318

Please indicate if this is an urgent request \_\_\_\_\_

| Member Information:          |   |      |                    |             |   |
|------------------------------|---|------|--------------------|-------------|---|
| Name:                        |   | DOB: |                    | Member ID#: |   |
| Admission/Procedure:         |   |      |                    |             |   |
| CPT/HCPC Code(s):            | 1 | 2    | 3                  | 4           | 5 |
| Additional codes:            |   |      |                    |             |   |
| Date of Service:             |   |      | Diagnosis code(s): |             |   |
| Requesting Provider:         |   |      |                    |             |   |
| *Tax ID and NPI are required |   |      |                    |             |   |
| Name:                        |   |      | Group Name:        |             |   |
| NPI:                         |   |      | Tax ID:            |             |   |
| Phone:                       |   |      | Fax:               |             |   |
| Facility:                    |   |      |                    |             |   |
| *Tax ID and NPI are required |   |      |                    |             |   |
| Hospital/Facility Name:      |   |      |                    |             |   |
| NPI:                         |   |      | Tax ID:            |             |   |
| Phone:                       |   |      | Fax:               |             |   |

| Person Filling Out Form: |      |      |
|--------------------------|------|------|
| Name:                    |      |      |
| Phone:                   | Ext: | Fax: |
|                          |      |      |

**Important:** Please submit all supportive clinical documentation to substantiate the need for service, including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.

Visit our list of codes that require or do not require authorization at:  
[pal.sentarahealthplans.com](http://pal.sentarahealthplans.com).

**Note:** All inpatient admissions require preauthorization or authorization of hospital stay for claims and payment. Authorization is not a guarantee of payment.