

## 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.