

Commercial Plans:

Authorization Request for Inpatient Services

PO Box 66189
Virginia Beach, VA 23466

Complete this form for members who are currently in the hospital receiving services. Submit via the Provider Portal or fax to the Hospital Review Team Fax: **757-510-9432** or **1-866-466-1452**.

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inpatient admission

Out of area request

Date of Service _____

Requesting Provider: (Full Name) _____

Sentara ID or Tax or NPI#: _____

Phone: _____ Fax: _____

The following information is required to process your request:

Diagnosis Code(s): _____ / Diagnosis: _____

Procedure Codes: _____ / _____ / _____ / _____

Hospital/Facility (Full Name): _____

Tax ID or NPI: _____

Person Completing This Form: _____

Phone: _____ / Ext: _____ Fax: _____

Please attach relevant clinical documentation to this request. You may call provider services at **757-552-7474** or **1-800-229-5522** to verify benefits, determine if pre-authorization is required, or to check the status of a previously submitted request. Please submit clinical information no later than 48 hours after admission to the facility.