OPTIMA HEALTH

4417 Corporation Lane
Virginia Beach, VA 23462
1-844-512-3172 | OHCC and DSNP
1-800-229-8822 | Medicare and OFC

Print Form Reset Form Save Form

Government Programs: Authorization Request Outpatient Physical-Occupational-Speech Therapies

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

Please submit via fax to 757-963-9625 or 1-844-220-9566

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

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

Start of Care Date: ____/____/____ Initial Visits Requested: _____

Rehabilitative Diagnosis Code (s): _____

Body Part Being Treated: _____ Right ☐ Left ☐ Both ☐

Evaluation Date: ____/____/____ New Injury: (describe or N/A) _____

Provider Information

Full Name of Ordering Physician:

_____

Optima Provider # _____ NPI # _____ Tax ID # _____

Full Name of Requesting Provider: _____

Optima Provider # _____ NPI # _____ Tax ID # _____

Person Completing Form: _____ Phone: _____ Fax: _____

Extension Request:

Authorization # _____ Additional Body Part (Dx., Eval date) _____

Number of Additional Visits Requested: _____ Please extend the date to: ____/____/_____

To ensure timely processing of your request:

- **ATTACH THE EVALUATION**
- Choose discipline(s) requested: ☐ **PT** ☐ **OT** ☐ **ST**
- Choose the treatment **code(s)**. The code(s) will allow payment of all **covered** therapy treatment codes:

☐ 97110 Exercise-Physical and or Occupational Therapy ☐ 92507 Speech Therapy

CHECK IF APPLICABLE

☐ DAY REHAB ☐ WHEELCHAIR TRNG/CLINIC

Authorization status can be checked at optimahealth.com or by calling Provider Relations.