

Government Programs: Private Duty Nursing Authorization Request Form

Optima Health Community Care | Optima Family Care
Please submit via fax to 757-837-4702 or 1-844-828-0600

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

☐ EPSDT (under 21 no waiver)☐ S9123/S9124☐ G0493/G0494☐ Waiver (all ages)☐ T1002/T1003☐ T1000/T1001

Diagnosis Code(s): _____ / _____ / _____

Diagnosis: _____

Provider Information

Full Name of Requesting Provider: _____

Phone: _____ Fax: _____

Optima Provider #: _____ NPI #: _____ Tax ID#: _____

Full Name of Ordering Physician: _____

Phone: _____ Fax: _____

Optima Provider #: _____ NPI #: _____ Tax ID#: _____

Person Completing Form: _____

Phone: _____ Fax: _____

Required Documents

Waiver Initial Request:

☐ DMAS 108☐ DMAS 116☐ CMS 485

EPSDT Initial Request:

☐ DMAS 62☐ CMS 485

Waiver Renewal:

☐ CMS 485☐ 14 days of Nurse Notes

EPSDT Renewal:

☐ DMAS 62☐ CMS 485☐ 14 days of Nurse Notes

Comments

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