

# Government Programs: Authorization Request for Post-acute Inpatient Services

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

Health Care Services-Hospital Review Team

Please only fill out this form for members who require post-acute care authorization (such as inpatient rehabilitation and long-term acute care) and are currently in the hospital receiving services.

Hospital Review Team Fax: (757) 963-9621 or 1-844-220-9565

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

\_\_\_ Inpatient Rehabilitation      \_\_\_ Long-Term Acute Care

Date of service: \_\_\_\_\_

Requesting Provider: (Full Name) \_\_\_\_\_

Optima 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. Requests missing pertinent information could delay authorization processing.

