

# Government Programs: Authorization Request for Future Outpatient Services

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

*Please submit via fax to 757-963-9623 or 1-844-348-3720*

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

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

☐ Out of Area Request    ☐ Outpatient Service    23 Hour OBS

Date of Service \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis Codes: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

Procedure Codes: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Procedure Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Provider Information

Full Name of Ordering Physician: \_\_\_\_\_ Specialty \_\_\_\_\_

Optima Provider # \_\_\_\_\_ NPI # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Servicing Provider/Hospital/Facility: \_\_\_\_\_

Optima Provider # \_\_\_\_\_ NPI # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_