

Outpatient and Inpatient Procedure/Service Request Form

<input type="checkbox"/> Inpatient	<input type="checkbox"/> SNF
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Behavioral Health
<input type="checkbox"/> Rehab	

All Admissions:
 Fax: 877-739-1365
Specialty Medication:
 Fax: 804-799-5118

Medicare:
 Ph: 888-251-3063
 Fax: 877-739-1364

Member Info:		
Name:	DOB:	ID#:
Member Address:		
Member Contact Information:		

Admission/Procedure/DME:					
CPT/HCPC Code(s):	1	2	3	4	5
Additional codes:					
Date of Service:			Diagnosis code(s):		

Requesting Provider:	
Name:	Group Name:
*Tax ID:	*NPI:
*Tax ID and NPI are required	
Phone:	Fax:

Facility:	
Hospital/facility Name:	
NPI:	Tax ID:

Requestor:		
Name:		
Ph:	ext:	Fax:

Newborn Information:				
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
EGA:	Weight(Kg):	Apgar:	1 st Hep B vaccination date:	

Important: Please submit supportive clinical documentation to substantiate the need for service including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.

Visit our list of codes that require or do not require authorization at:
https://www.virginiapremier.com/npa/NPA_Search.html