OPTIMA HEALTH

4417 Corporation Lane
Virginia Beach, VA 23462
Provider Relations
757-552-7474 | 1-800-229-8822

Commercial Plans: DME Authorization Request Form

Please submit via fax to 757-431-7758 or 1-844-668-1551

Date of Service: ____________________

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

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:** ____________________

Date of Service	Requested Codes	Quantity	Rental or Purchase	Left or Right
			Select One	Select One
			Select One	Select One
			Select One	Select One
			Select One	Select One
			Select One	Select One
			Select One	Select One

Comments: ____________________

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Authorization status can be checked at optimahealth.com or by calling Provider Relations at 1-800-229-8822

OptimaHealth