



## Request for Inpatient/Outpatient Procedure

In-Patient    Out-Patient    Observation

Member Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Referral from PCP:    Yes                  No

Referral Number: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Procedure #1: \_\_\_\_\_

CPT code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 code: \_\_\_\_\_

Procedure #2: \_\_\_\_\_

CPT code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 code: \_\_\_\_\_

Procedure #3: \_\_\_\_\_

CPT code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 code: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please attach clinical documentation (i.e. clinical signs and symptoms, H&P, progress notes, lab reports, diagnostic testing, radiographic reports, etc....).**

Authorization #: \_\_\_\_\_ Authorized By: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Virginia Premier Health Plan, Inc.**

Western VA Area /Central VA Area     (804) 819-5151     Fax: (804) 819-5186  
Tidewater Area                             (757) 461-0064     Fax: (757) 466-1133  
Southwest                                     (540) 344-8838     Fax: (540) 344-8007