

Admission Notification Form



Admission and discharge notification required. If we don't receive notification and medical records, claims may pend or deny.

Exception: Maternity admission notifications are required only if the patient's stay is over 48 hours for vaginal birth or 96 hours for a C-section, from the date of delivery.

Fax this completed form to: 888-742-1487. This number is also for faxing medical records.

Complete all required * fields.		
*Member ID:	*Patient name:	*Date of birth:
Maternity only (ill newborn):		
Birth mother's name:		Baby gender:
Facility Contact: *Contact name: *Phone: *Fax: Utilization review information: *Phone: *Fax:	Facility: *Facility name: *Address: *City/State/ZIP: *TIN # (required): NPI # (if applicable):	
Admission: *Admit date: *Discharge date: *ICD diagnosis code: Procedure code (CPT):	*Type of Admit: (check only one box) Acute Inpatient: (Fax medical records to 888-742-1487 .) <input type="checkbox"/> Detox <input type="checkbox"/> Elective <input type="checkbox"/> Emergency <input type="checkbox"/> Neonatal Intensive Care Unit (NICU) <input type="checkbox"/> Psychiatric admit <input type="checkbox"/> Direct admit from provider's office	
Admitting Physician: *Physician name: *Hospitalist: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, the following information is required: Address: City/State: ZIP: TIN/NPI #:	Lower levels of care: (Fax medical records to 888-742-1487 .) <input type="checkbox"/> Inpatient Rehab (IPR) <input type="checkbox"/> Long-term Acute Care (LTAC) <input type="checkbox"/> Residential Treatment Center (RTC) <input type="checkbox"/> Mental Health <input type="checkbox"/> Chemical dependency <input type="checkbox"/> Skilled Nursing Facility (SNF)	
Prior authorization required for all lower levels of care listed above.		

This is **not** a pre-authorization of benefits **nor** a guarantee of payment. This admission notification is based on diagnosis and medical information submitted and is subject to all contract terms, including, but not limited to, member benefits, benefit maximums and subscription charge payment covering dates of service. Unless specifically requested elsewhere in this document, please do not send a DNA or other genetic sample, or the results of any genetic typing, test or analysis, including DNA.

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