



**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

# Medicare Advantage Inpatient Hospital Assessment Form

**Please complete this form when providing  
clinical documentation for an inpatient  
admission and fax it to:**

**866-809-1370**

\*For readmissions within 30 days, please include  
the discharge summary from the first admission.

## 1. Member Demographic Information

First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

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

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

Health Plan: Premera Blue Cross Medicare Advantage

Date of Birth: \_\_\_\_\_

## 2. ER Admission

## 3. CC

## 4. PMH:

Member ID \_\_\_\_\_

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**5. Vitals:**

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**6. Imaging:**

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**7. Labs:**

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Member ID \_\_\_\_\_

**8. On Exam:**

**9. ER Tx:**

**10. Admission Orders:**

**11. Discharge plan:**

Member ID \_\_\_\_\_

**12. Is the readmission within 30 days? Please send discharge summary from the last 48 hours of the previous admission and vital signs from the last day of admission.**

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**13. Comments:**

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