



Instructions:

Notification must be sent within 24hrs of acute inpatient hospital admission - The preferred method of submission is via PointClickCare (PCC). Use this form only if you are NOT connected to PCC.

If your facility has granted our clinical team full access to your EMR system, it is your responsibility to ensure records are accessible. Please do not fax medical records that are available in EMR.

For discharge notification – this same form may be retained and re-faxed with Section 5 completed.

SECTION 1 – PATIENT INFORMATION			
Patient Name (Last)	First	MI	Facility Medical Record #
Patient's Member ID #	Group #		Date of Birth
SECTION 2 – FACILITY INFORMATION			
Facility Name	Tax ID #	NPI #	
Mailing Address			
City	State	ZIP Code	UR Fax #
Who should we contact if we require additional information?			
Name	Phone # Ext.	Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 3 – ADMISSION REQUEST			
Date of Admission _____ Anticipated Date of Discharge _____ <input type="checkbox"/> Emergent <input type="checkbox"/> Elective			
Was a prior authorization required for this admission <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide all diagnoses and their descriptions.			
Diagnosis code(s) and description(s) – please be specific			
	Code	Description	
Primary			
Second			
Third			

SECTION 4 – DOCUMENTATION SUBMISSION FOR ADMISSION

Submit the following documentation, as appropriate, with this request:

- Specific clinical information documenting the applicable medical necessity criteria, **including**:
 - History and physical
 - Lab/Radiology/Testing results
 - Current symptoms and functional impairment
 - Treatment history and chart notes that support medical necessity for the request
 - Anticipated treatment plan/goals
 - Any other supporting documents you would like considered

SECTION 5 – FACILITY INFORMATION

Discharge Date:	Discharge Disposition:
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Primary Diagnosis: