

Inpatient Notification Form

| | |
|--|---|
| Member Information | <p>Group number: _____ Member ID: _____</p> <p>Last name: _____ First name: _____</p> <p>Date of birth: _____ Phone: _____</p> <p>Address: _____</p> <p>Does the member have other insurance?</p> |
| Facility Information | <p>Facility name: _____</p> <p>10-digit NPI number: _____</p> <p>Admission source: _____ Admission type: _____</p> <p>Admitting diagnosis: _____ Diagnosis codes: _____</p> <p>Admission date: _____ Admission time: _____</p> <p>Discharge date: _____ Discharge time: _____</p> <p>Discharge diagnosis: _____ Discharge status: _____</p> |
| Admitting Physician Information | <p>Last name: _____ First name: _____</p> <p>10-digit NPI number: _____</p> <p>Phone: _____ Fax: _____</p> <p>Address: _____</p> |
| Contact Information | <p>Submitted by: _____ Department: _____</p> <p>Phone: _____ Fax: _____</p> <p>Contact person: _____ Department: _____ <i>(if different from above)</i></p> <p>Phone: _____ Fax: _____</p> |
| Submit | <p>Email to Medica Utilization Management and Clinical Appeals at admissionsintake@medica.com or print and fax to 952-992-3555. If you have questions about this form, please contact the Medica Utilization Management and Clinical Appeals Department at 800-987-2459.</p> |