

## Inpatient Notification Form

<b>Member Information</b>	<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>
<b>Facility Information</b>	<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>
<b>Admitting Physician Information</b>	<p>Last name: _____ First name: _____</p> <p>10-digit NPI number: _____</p> <p>Phone: _____ Fax: _____</p> <p>Address: _____</p>
<b>Contact Information</b>	<p>Submitted by: _____ Department: _____</p> <p>Phone: _____ Fax: _____</p> <p>Contact person: _____ Department: _____ <i>(if different from above)</i></p> <p>Phone: _____ Fax: _____</p>
<b>Submit</b>	<p><b>Submit form by utilizing the options below:</b></p> <p>Email to Medica Utilization Management at <a href="mailto:admissionsintake@medica.com">admissionsintake@medica.com</a></p> <p>Fax to Medica Utilization Management at 952-992-3555.</p>