



Admission Notification

Fax from to: Health and Wellness Services 1-866-938-9754

Telephone: 1-866-938-9741

Type of notification (X one): Preadmission Plan-of-care Continued-stay

Your Info.

You are a (circle one): Clinic or Facility Contact person: _____
Phone #: (____) _____ - _____ Fax #: (____) _____ - _____
Provider name: _____ Contracting provider #: _____ Alpha
NPI #: _____

Patient Info.

Name: _____ Gender (circle one): M or F
Patient's ID #: (____) _____ - _____ - _____ Date of birth: ____/____/____
Alpha

Medical Information

Referring physician ind. #: _____ Name: _____
Alpha
Referring physician NPI #: _____
Admitting physician ind. #: _____ Name: _____
Alpha
Admitting physician NPI #: _____
Facility # _____ Name: _____
Alpha
Admit ICD9 DX code: _____ Admit DX description: _____
Secondary ICD9 DX code: _____ 2nd DX description: _____
Procedure ICD9 code: _____ Procedure date: ____/____/____
Procedure description: _____
Secondary ICD9 code: _____ 2nd procedure date: ____/____/____
2nd procedure description: _____
ADMISSION DATE: ____/____/____ DISCHARGE DATE: ____/____/____
Your medical record # (optional): _____
Medical information (necessary for admissions requiring plan-of-care review):

Internal use:
This is the certificate number for this admission:
#00 _____

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Tell Me More about.....

Preadmission notification (PAN)	<p>When a PAN is required call us as soon as the admission is scheduled or submit the information electronically through our provider web self-service site (www.providerhub.com). Have the following information available.</p> <ul style="list-style-type: none">• Subscriber ID & account #• Subscriber name & address• Patient name, birth date, & sex• Admitting physician's name & individual provider #• Admitting DX code• ICD9 surgical procedure code # and narrative, if applicable• Date of surgery, if applicable• Date of admission
Plan-of-care review	<p>Plan-of-care review is required for:</p> <ul style="list-style-type: none">• Direct admissions to acute rehabilitation units or facilities and long term acute care units or facilities• Mental health/chemical dependency admissions, including acute care, partial hospital, and residential (behavioral health reviews and uses separate forms)• Workers' Comp. non-emergency admissions• All admissions to nonparticipating facilities <p>Contact us as soon as the admission is scheduled, but no later than two working days after the admission occurs. In addition to what is listed above, have the clinical information supporting the admission. We will complete the plan-of-care review in one working day whenever possible.</p>
Continued-stay notification	<p>Length-of-stay or continued-stay medical necessity review will only be performed on specific cases. Our case managers will collaborate with facility's discharge planners/social workers when high-risk patients are identified.</p>
Contacting us	<p>Call 1-866-938-9741 You may fax this form to 1-866-938-9754</p>

Inpatient stay notification/review requirements may change prior to being reflected on this form.