

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 style="text-align: center;">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 800-458-5512, and then select options 1, 4, 1.</p>