



Hospital Notification of Emergent/Urgent Admissions

Fax to: 1-866-397-4522

Patient Care Management Team

Member 1

Date of Admission: ___/___/___ (AmeriHealth Caritas Louisiana must be notified on the first business day following date of service.)

Member ID #: _____ DOB: ___/___/___ Member Name: _____

Type of Admission

- Inpatient Medical Observation less than 23 hours stay
 Short Procedure Obstetric Observation less than 23 hours stay

Diagnosis/Reason for Admission: _____

Attending Physician: _____ AmeriHealth Caritas Louisiana Provider ID #: _____

Procedures Performed (must be completed for SPU Admissions): _____

Is Member Pregnant? Yes No

EDC: _____ OB Practitioner: _____

**For AmeriHealth
Caritas Louisiana Use
Only**

6087 -UM Disclaimer -Admissions

1A01

Case #: _____

The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment.

Member 2

Date of Admission: ___/___/___ (AmeriHealth Caritas Louisiana must be notified on the first business day following date of service.)

Member ID #: _____ DOB: ___/___/___ Member Name: _____

Type of Admission

- Inpatient Medical Observation less than 23 hours stay
 Short Procedure Obstetric Observation less than 23 hours stay

Diagnosis/Reason for Admission: _____

Attending Physician: _____ AmeriHealth Caritas Louisiana Provider ID #: _____

Procedures Performed (must be completed for SPU Admissions): _____

Is Member Pregnant? Yes No

EDC: _____ OB Practitioner: _____

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1A01

Case #: _____

The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment.

Return response by: Fax Phone

This will be returned by the next business day. If not indicated, will be faxed.

