

# Hospital Notification of Emergent Admissions

Fax to: 1-855-332-0991  
AmeriHealth Caritas Pennsylvania (ACP)  
Patient Care Management Team



Facility name: \_\_\_\_\_

## MEMBER 1

Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ (AmeriHealth Caritas Pennsylvania must be notified on the first business day following the date of service.)

Member ID number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member name: \_\_\_\_\_

Type of admission:

- Inpatient                       Medical observation (less than 23 hours of stay)  
 Short procedure               Obstetric observation (less than 23 hours of stay)

Diagnosis or reason for admission: \_\_\_\_\_

Attending physician: \_\_\_\_\_ ACP provider ID number: \_\_\_\_\_

Procedures performed (must be completed for SPU admissions): \_\_\_\_\_

Is the member pregnant?  Yes  No

Estimated date of confinement: \_\_\_\_\_ OB practitioner: \_\_\_\_\_

For AmeriHealth Caritas Pennsylvania Use Only

**6087 – UM Disclaimer – Admissions**

**1A01**

Case number: \_\_\_\_\_

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 Pennsylvania must be notified on the first business day following the date of service.)

Member ID number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member name: \_\_\_\_\_

Type of admission:

- Inpatient                       Medical observation (less than 23 hours of stay)  
 Short procedure               Obstetric observation (less than 23 hours of stay)

Diagnosis or reason for admission: \_\_\_\_\_

Attending physician: \_\_\_\_\_ ACP provider ID number: \_\_\_\_\_

Procedures performed (must be completed for SPU admissions): \_\_\_\_\_

Is the member pregnant?  Yes  No

Estimated date of confinement: \_\_\_\_\_ OB practitioner: \_\_\_\_\_

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**1A01**

Case number: \_\_\_\_\_

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 the response by:  Fax  Phone (This will be returned by the next business day. If not indicated, the response will be faxed.)

Coverage by AmeriHealth First.