

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.