

Medical Admission Fax Cover Sheet

Requirements: Please include this cover sheet with faxed member information. Only one member per transmission. *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics.*

Recipient:	Sender name:
Fax to:	Sender fax:
Recipient phone:	Sender phone:
Pages:	Date:
Member name:	Facility name:
Member ID:	Facility NPI/Tax ID:
Member DOB:	UR fax number:

Urgent: Check if the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function. Participating providers may submit notification at www.WellCare.com.

Select Admission Type

- Acute INP Admission
 Observation
 Sub Acute Rehab
 Acute INP Rehab Admission
 LTAC
 Waitlist/Swingbed
 Custodial/Long Term Care

Actual Admission or Planned Admission Date: ___ / ___ / ____

<input type="checkbox"/> Concurrent Review Clinicals	Case ID# or Authorization Number:
<input type="checkbox"/> Level of Care Change (please specify in comments section)	LOC Date: ___ / ___ / ____
<input type="checkbox"/> Discharge Notification	D/C Date: ___ / ___ / ____ D/C Planning needed (specify in comments) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> NICU or Sick Baby notification (Include Mother & Infants' Member IDs and names alias in comments section)	
<input type="checkbox"/> Boarder Baby/Detained Infant	Indicate Mother's Discharge Date: ___ / ___ / ____
Comments	

