

Hospital Admission Notification Form

CONFIDENTIAL

Submit completed form via fax to the Health Plan at 1-833-263-4866 or email Inpatient@MediGold.com

Patient Information

Today's Date: _____

Patient Name	Date of Admission
Patient ID Number	Patient Date of Birth
Hospital Name	TIN Number
Admitting Diagnoses	
Admitting Physician	NPI Number
Hospital Phone Number	Name of Person Completing Form
Contact Phone Number	Contact Fax Number
Admission Status <input type="checkbox"/> Observation <input type="checkbox"/> Inpatient	Type of Admission <input type="checkbox"/> Elective <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent

Additional Notes

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Trinity Health Plan New York (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), or Trinity Health Plan of Michigan (HMO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).