

Hospital Admission Notification Form

CONFIDENTIAL

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

Patient Information

Today's Date: _____

Patient Name	Date of Admission
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Patient ID Number	Patient Date of Birth
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Hospital Name	TIN Number
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Admitting Diagnoses

Admitting Physician	NPI Number
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Hospital Phone Number	Name of Person Completing Form
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Contact Phone Number	Contact Fax Number
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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
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Additional Notes

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to MediGold (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), Trinity Health Plan of Michigan (HMO), or Trinity Health Plan Of New England (HMO/PPO). 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).