

Exhibit 1 – Inpatient Admission Notification Form

INPATIENT ADMISSION NOTIFICATION

Independent Care Health Plan (*iCare*) reviews all admissions for medical necessity and appropriateness of level of care. In order to conduct these reviews on a timely basis, policy **REQUIRES** the hospital to notify *iCare* of all inpatient stays **within one (1) business day** of the admission. Failure to adhere to *iCare*'s notification policy may result in delay or denial of payment of the related hospital claim.

Please enter all requested information on this form and fax to *iCare* at FAX#414-231-1075.

All requested information must be provided. If you have any questions about this policy please contact *iCare* at 414-223-4847. Submission of the notification of an admission is not a guarantee of coverage or payment of the reported service.

MEMBER INFORMATION:

Name: _____ Medicaid ID#: _____
DOB: _____ Medicare ID#: _____

ADMISSION INFORMATION:

Admission Date: _____ Time: _____ Room #: _____

Type of Admission: (Circle One) Emergency Urgent Elective 23 Hour Observation

Admitting Hospital: _____ Hospital Phone #: _____

Admitting MD: _____ Admitting MD's Phone #: _____

Admitting Dx: 1. _____ ICD9 Code: _____

2. _____ ICD9 Code: _____

Designated Contact Person: _____ Title: _____

Phone: (_____) _____ Fax: (_____) _____

Confidentiality Notice: This facsimile transmittal contains confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance of the contents of this confidential information is strictly prohibited. If you receive this communication in error, please notify us immediately at 414-223-4847. Thank you.

===== **DO NOT WRITE BELOW THIS LINE** =====

Date Received: _____ Received By: _____ Authorization # Assigned: _____

CC/CM: _____ RN Case Manager/DC Planner: _____