

# Notification of Unplanned, Urgent, or Emergency Room Admission



Notification is required for all inpatient acute medical admissions (excluding normal vaginal and C-section deliveries for all MVP Health Care® products, except Medicaid Managed Care, Child Health Plus, and MVP Harmonious Health Care Plan®) or services with non-participating providers or facilities, and for infants who are transferred to the Newborn Intensive Care Unit for all MVP products.

To complete the hospital notification, email the completed form to [hal@mvphealthcare.com](mailto:hal@mvphealthcare.com) or fax it to the MVP Utilization Management Department at **1-800-280-7346**. **All supporting medical documentation and/or any additional pertinent information should be included when faxing this form, if available.**

## Section 1: MVP Member/Patient Information *(please print)*

Patient Name	Date of Birth	MVP Member ID No. <i>(Required)</i>
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## Section 2: Attending Physician Information

Attending Physician Name	NPI No.	Tax ID No.	
Office Street Address	City	State	Zip Code
Office Phone	Office Fax		

## Section 3: Admitting Facility Information

Facility Name	NPI No.	Tax ID No.	
Facility Street Address	City	State	Zip Code
Facility Contact Name	Facility Phone	Facility Fax	

Diagnosis

Patient Admission Date

Admission Level of Care *(select one)*

Inpatient     Observation     Maternity

Special Notes