



Inpatient Notification Form

Fax: 1-866-340-5775 • Phone: 1-844-691-9984

Admission Type:

- Emergent
- Preauthorized – Preauthorization number: _____

Date of Admission: _____

Requesting:

- Inpatient
- Observation
- Observation changed to inpatient
- Scheduled same-day surgery changed to inpatient
- Acute rehab
- Long-term acute care (LTAC)
- Skilled nursing facility
- Behavioral health

Patient Information:

Member Name:		DOB:
Member ID#:	Member Phone #: () -	

Procedure Information:

Diagnosis (required):
ICD-10 code (required):
CPT/HCPCS code/description:

Ordering/Referring Provider Information (REQUIRED):

Name:	TIN/NPI#:
Address:	Fax:
Phone:	

Rendering Facility (REQUIRED):

Name:	TIN/NPI#:
Address:	Fax:
Phone:	

ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY
Patient symptoms and duration:

FAX CLINICAL INFORMATION TO: 1-866-340-5775

Confidentiality Notice: The documents accompanying this transmission contain confidential information belonging to the sender that is legally privileged and protected. This information is intended only for the use of the individual or entity to which it is directed. The authorized recipient of this information is prohibited from disclosing this information to any other individual or entity and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance of the contents of these documents is strictly prohibited and may violate state or federal law. If you received this document in error, please notify True Health New Mexico immediately at 1-844-691-9984.