

# Inpatient Admission Form



**COMMUNITY HEALTH PLAN**  
of Washington™

Community **HealthFirst**<sup>™</sup>  
Medicare Advantage Plans

**For Apple Health/Medicaid:**

**Fax: (206) 652-7078**

Notification is required by next  
business day

Please call Customer Service  
to verify eligibility & benefits:

**1-800-440-1561;**

**Monday through Friday, 8a.m. - 5p.m.**

**For Medicare Advantage Plans:**

**Fax: (206) 652-7065**

Notification is required within  
24 hours

Please call Customer Service  
to verify eligibility & benefits:

**1-800-942-0247;**

**7 days a week, 8a.m. - 8p.m.**

Inpatient Admission notification may be made through the  
Medical Management Portal at [www.chpw.org/submitcare](http://www.chpw.org/submitcare)

FACILITY INFORMATION				
Hospital Name:		Contact Name:		Today's Date:
Phone #:		Fax #:		Tax ID: NPI:
PATIENT INFORMATION				
First Name:		Last Name:		MI: Date of Birth:
CHPW Member ID:	Plan/Program:		<input type="checkbox"/> Patient Retro Enrolled with CHPW	Retro Enrolled Date:
ADMISSION INFORMATION				
Admit Date:	Admit Time:	Admit Type:		Discharge Date:
		<input type="checkbox"/> Planned (Routine) <input type="checkbox"/> Urgent (Direct Admit or Transfer) <input type="checkbox"/> Emergent (Through ED)		
Admitting Physician:		Admitting Diagnosis:		
NEWBORN INFORMATION <i>(Only to be completed for OB admissions, infants require their own notification)</i>				
Sex:	Date of Birth	First Name:	Last Name:	MI:
Delivery Type: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section	Bed Type: <input type="checkbox"/> Regular Nursery <input type="checkbox"/> Special Care Nursery/NICU	Attending Pediatrician:		

A Notification is not a guarantee of payment; Payment is subject to member eligibility and benefits at the time of service