

Inpatient Admission Form



APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

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, 8 a.m.-5 p.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, 8 a.m. - 8 p.m.

For Cascade Select:
Fax: (206) 652-7050
 Notification is required
 within 24 hours

 Please call Customer Service
 to verify eligibility & benefits:
1-800-907-1906;
Monday through Friday, 8 a.m. - 5 p.m.

Inpatient Admission notification may be made through the Medical Management Portal at chpw.org/submitcare and cascadeselect.org.

FACILITY INFORMATION				
Hospital Name:		Contact Name:		Today's Date:
Phone #:		Fax #:		Tax ID:
PATIENT INFORMATION				
First Name:		Last Name:		MI: Date of Birth:
Member ID:	Plan/Program:		Patient Retro Enrolled with:	Retro Enrolled Date:
ADMISSION INFORMATION				
Admit Date:		Admit Time:		Discharge Date:
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:		Bed Type:		Attending Pediatrician:
<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section		<input type="checkbox"/> Regular Nursery <input type="checkbox"/> Special Care Nursery/NICU		

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