

# Inpatient Admission Form



**COMMUNITY HEALTH PLAN**  
of Washington™  
The power of community

**For Apple Health/Medicaid:**  
Fax: (206) 652-7078  
Notification is required by  
next business day

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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

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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

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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/submitcareindividualandfamily.chpw.org](http://chpw.org/submitcareindividualandfamily.chpw.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: <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