



## INPATIENT ADMISSION NOTIFICATION

**Please return below form and clinical documentation to Attn: Utilization Management**

**Phone:** 800-342-6510

**Mail:** Allegiance Benefit Plan Management, Inc.

**Fax:** 406-532-1501 or 855-999-4351

P.O. Box 3018

**BH Fax:** 406-532-1503 or 855-999-3897

Missoula, MT 59806-3018

### INFORMATION MUST BE SUBMITTED BY ADMITTING PHYSICIAN

Sent By: \_\_\_\_\_

Patient Name:	Participant ID#:	Group ID No.:	Patient Date of Birth:
Provider Name:	Provider Address:	Provider TIN & NPI:	Provider Phone: Provider Fax:
Facility Name:	Facility Address:	Facility TIN & NPI:	Facility UR Phone: Facility UR Fax:
Requested Date:		Admission Date:	
CPT Codes:		ICD-10 Codes:	
Admission Category:		<input type="checkbox"/> Emergent	<input type="checkbox"/> Elective
Admission Level of Care (select the most appropriate):			
<input type="checkbox"/> Medical	<input type="checkbox"/> Surgical	<input type="checkbox"/> OBSV>48hrs	<input type="checkbox"/> Maternity <input type="checkbox"/> Neonatal
<input type="checkbox"/> SNF	<input type="checkbox"/> LTAC	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Mental Health <input type="checkbox"/> Detox
<input type="checkbox"/> Partial Hospitalization	<input type="checkbox"/> Residential Treatment (CD)		<input type="checkbox"/> Residential Treatment (MH)
Days/week ___ Hours ___	ASAM Level _____	ASAM Level _____	
<small>NO REVIEW IS NEEDED FOR OBSERVATION STAYS 48 HOURS OR LESS OR FOR MATERNITY/NEWBORN STAYS THAT FALL UNDER THE FEDERAL MANDATE</small>			

**PLEASE PROVIDE THE FOLLOWING REQUIRED INFORMATION:**

1. ADMISSION HEALTH AND PHYSICAL EXAM NOTES
2. PROGRESS NOTES ASSOCIATED WITH THIS INPATIENT STAY
3. DISCHARGE SUMMARY, IF AVAILABLE.

**UPON RECEIPT OF THE REQUIRED INFORMATION, THE PLAN WILL PROVIDE A WRITTEN RESPONSE TO THE WRITTEN REQUEST FOR REVIEW. PLEASE ALLOW THREE (3) BUSINESS DAYS FOR A RESPONSE.**

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.