



Inpatient Services Notification Request Form

Please complete this service authorization form for Hennepin Health members.

Please attach relevant documentation. **Incomplete forms may result in denial of requested services for lack of information.** Fax requests to 612-288-2878 or contact: Hennepin Health Customer Service Number 612-596-1036

MEMBER INFORMATION

Member Name: PMI/MA #:

Date of Birth: Discharge Diagnoses:

Admitting DX: Type of Admission:

Procedure:

Procedure Date:

Please Attach Supporting Documentation to support medical necessity for inpatient stay requested

- Initial Clinical Assessment (admitting H&P) required
- Additional Progress Notes (if inpatient stay is >10 days)
- Discharge Summary (required if member has discharged at time of request)

- Medical** **Mental Health:** **Rehab:** Other _____
- Psych CD/Detox KNAPP LTACH

ICD-10 Diagnoses codes and descriptions: Admission date/time:

Requested length of stay: Admission Reason:

Discharge date /time: Admission Source:

MD Requesting/Attending MD: Target Discharge Date:

Facility/Place of Service: Admission Provider:

Provider Contact Name: Admission Unit:

Provider Fax #: Provider Number: