

# Medicare Advantage Inpatient/Observation Admission Hospital Request Form




This form is to be used for notification of admission for inpatient and observation hospitalizations. This form is not for prior-authorization of planned surgical procedures (please refer to Generic fax request form for surgical requests).

This form should be used for notification of admission of emergency admissions, and notice of admit for surgery which has already been authorized.

**Today's Date:** \_\_\_\_\_

## Facility/Patient Information

Facility NPI:		
Patient Name:	Facility Name:	
Patient ID:	Patient DOB:	(Month/Day/Year)
Diagnosis with ICD 10:	Contact Name:	
	Contact Phone	Contact Fax
Date of Admission:	(Month/Day/Year)	Date of Discharge (if applicable): (Month/Day/Year)
Select Admission Type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation		

**Reminder:** Please fax this form and supportive clinical to Inpatient Utilization Management department below by market:

Market	Phone Number	Fax Number
TN, IL, IN, No MS, GA, East AR	800-453-4464	866-234-7230
AL, FL, NC, SC So. MS, Atlanta	800-962-3016	866-234-7230
MA, PA DE, DC, KC, CO NJ	888-454-0013	866-234-7230
TX, AR, OK	832-553-3456	888-205-9577

- For a list of services requiring PA, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) or call your state's Pre-Cert Department
- If you need help finding a PAR facility or provider, please call 800-230-6138 or visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) and use the Provider Search Tool.