



Fax cover sheet for Admission Reviews

Note: Include only one member per fax.

Contact information for call back

Contact name: _____

Contact phone number: _____

Contact fax number: _____

Type of request

- ☐ Initial admission review (please include REQ#/Case#/EXT#): _____
- ☐ Concurrent review (please include REQ#/Case#/EXT#): _____

Member name: _____

Member ID number: _____

Member date of birth: _____

Attending physician: _____

Admitting facility: _____

Date of admission: _____

Primary diagnosis: _____

Discharge date: _____

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