



Coverage by AmeriHealth First.

Hospital Notification of Emergent Admissions

Fax to: 1-866-755-3186
AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC)
Patient Care Management Team

Date of Admission: ____/____/____ (AmeriHealth Caritas PA CHC must be notified on the first business day following date of service.)

Participant ID #: _____ DOB: ____/____/____ Participant Name: _____

Type of Admission

- Inpatient Medical Observation less than 23 hours stay
- Short Procedure Obstetric Observation less than 23 hours stay

Diagnosis/Reason for Admission:

Attending Physician: _____

AmeriHealth Caritas PA CHC Provider ID #: _____

Procedures Performed (must be completed for SPU Admissions): _____

Is Participant Pregnant? Yes No

EDC: _____ OB Practitioner: _____

For AmeriHealth Caritas PA CHC Plan Use Only	6087 - UM Disclaimer - Admissions	1A01
Case #: _____	The case reference number is for identification purposes only . Authorization is based on medical necessity and is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment.	

Member 2	Date of Admission: ____/____/____ (AmeriHealth Caritas PA CHC must be notified on the first business day following date of service.)
Participant ID #: _____ DOB: ____/____/____ Participant Name: _____	
Type of Admission	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Medical Observation less than 23 hours stay <input type="checkbox"/> Short Procedure <input type="checkbox"/> Obstetric Observation less than 23 hours stay	
Attending Physician: _____	
AmeriHealth Caritas PA CHC Provider ID #: _____	
Procedures Performed (must be completed for SPU Admissions): _____	
Is Member Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EDC: _____ OB Practitioner: _____	

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Case #: _____	The case reference number is for identification purposes only . Authorization is based on medical necessity and is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment.	

Return response by: Fax Phone (This will be returned by the next business day. If not indicated, response will be faxed.)