

Notification of Unplanned, Urgent, or Emergency Room Admission

Notification is required for all inpatient acute medical admissions (excluding normal vaginal and C-section deliveries for all MVP Health Care® products, except Medicaid Managed Care, Child Health Plus, and MVP Harmonious Health Care Plan®) or services with non-participating providers or facilities, and for infants who are transferred to the Newborn Intensive Care Unit for all MVP products.

To complete the hospital notification, fax this completed notification to the MVP Utilization Management Department at 1-800-280-7346. All supporting medical documentation an/or any additional pertinent information should be included when faxing this form, if available.

Section 1: MVP Member/Patient Information *(please print)*

Patient Name	Date of Birth	MVP Member ID No. <i>(Required)</i>
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Section 2: Attending Physician Information

Attending Physician Name	NPI No.	Tax ID No.	
Office Street Address 241 NORTH ROAD	City POUGHKEEPSIE	State NY	Zip Code 12601
MHRH BH PH#: 914- 493-6285	MHRH BH Fax#: 914-493-3482		

Section 3: Admitting Facility Information

Facility Name MID HUDSON REGIONAL HOSPITAL OF WMC	Psych NPI 1437575040	Tax ID# 133964321	
Facility Street Address 241 NORTH ROAD	City POUGHKEEPSIE	State NY	Zip Code 12601
Facility Contact Name MHRH Behavioral Health Case Management	BH PH#: 914- 493-6285	BH Fax#: 914-493-3482	

Diagnosis

Patient Admission Date

Admission Level of Care *(select one)*

☐ Inpatient ☐ Observation ☐ Maternity

Special Notes
