# 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.** *(Required)* |
|---|---|---|
| | | |

## Section 2: Attending Physician Information

| **Attending Physician** Name | NPI No. | Tax ID No. |
|---|---|---|
| | | |

| Office Street Address | City | State | Zip Code |
|---|---|---|---|
| 241 NORTH ROAD | POUGHKEEPSIE | NY | 12601 |

| Office Phone | Office Fax |
|---|---|
| ( 845 ) 431-8717 | ( 845 ) 471-3319 |

## Section 3: Admitting Facility Information

| **Facility** Name | NPI No. | Tax ID No. |
|---|---|---|
| MID HUDSON REGIONAL HOSPITAL OF WMC | 1598181091 | 133964321 |

| **Facility** Street Address | City | State | Zip Code |
|---|---|---|---|
| 241 NORTH ROAD | POUGHKEEPSIE | NY | 12601 |

| **Facility** Contact Name | **Facility** Phone | **Facility** Fax |
|---|---|---|
| UR DEPARTMENT | ( 845 ) 431-8717 | ( 845 ) 471-3319 |

**Diagnosis**

| **Patient Admission Date** | **Admission Level of Care** *(select one)* |
|---|---|
| | ☐ **Inpatient** ☐ **Observation** ☐ **Maternity** |

**Special Notes**