WMC Health | MidHudson Regional Hospital

Westchester Medical Center Health Network

241 North Rd. Poughkeepsie, NY 12601

MHRH ADMISSION NOTIFICATION

Tax I.D. # 133964321 ***NPI# 1598181091***

IMMEDIATE *admission notification is required for* ***ALL INPATIENTS whether*** *Direct Admit/Transfers/E.D.* ***OBSERVATION*** *status notification required.*

Today's Date: _____

Insurance Company: _____

Prefix _____ Policy # _____ Group #_____

Insurance Company Fax # _____

Acct #_____ M.R. #_____

Admit Type:

☐ Emergency Room ☐ Observation ☐ Direct Admit ☐ Transfer ☐ Newborn ☐ Elective

Admitting Physician: _____

Admitting Diagnosis Code: _____ Admit Time: _____

Patient Information:

Patient Last Name: _____

Patient First Name: _____ D.O.B: _____/_____/_____

Member Name: _____ Relationship: _____

Date of Admission: _____/_____/_____

Patient Access Clerk: _____

Newborn Information:

Mother's Full Name: _____ M.R. #_____

Mother's DOB _____/_____/_____ Type of Delivery: Vaginal C-Section

Weight: _____ Apgar: _____ Gestation: _____ weeks

Insurance Company Response:

Please return Approval/Denial to: FAX: 914-493-5739

Authorization # _____ Representative: _____

U.R. Fax # 914-493-8650 ***U.R. Office # 914-493-7369***