

Patient name: _____ DOB: _____ Member ID: _____

Place of service (facility): _____

Facility address: _____

Facility phone: _____ Facility fax: _____ Facility NPI #: _____

Admitting physician: _____

Physician address: _____

Physician phone: _____ Physician fax: _____ Physician NPI #: _____

Observation date: _____

DX (ICD-10): _____ Primary diagnosis: _____

CPT code: _____ Primary procedure: _____

Notification #: _____

Height: _____ Weight: _____

Past medical history/co-morbidities: _____

Treatment plan: _____

Complications or additional conditions diagnosed during this observation care: _____

Social factors (family, community services): _____

Observation care is usually completed in less than 24 hours. Transition to inpatient admission from observation care is generally indicated when a condition is diagnosed requiring a longer-term stay or when longer-term treatment or monitoring is needed for a condition. Please notify UniCare if the member has been admitted to the hospital.

Discharge:

Discharge planner's name: _____ Phone: _____

Discharge date: _____ Discharge plans: _____

Anticipated discharge needs: ☐ HHC* ☐ HI* ☐ DME* ☐ Outpatient PT/OT ☐ Hospice

** UniCare has preferred providers for these services. To get the maximum benefit, a preferred provider must be used.*

Signature: _____	Date: _____
Print name: _____	Phone: _____
After completing this form and obtaining the necessary clinical information, please fax to 800-848-3623.	