

Medicare Advantage
Inpatient and Observation
Admission Hospital Request Form



This form is for notification of admission for inpatient and observation hospitalizations. It isn't for prior authorization of planned surgical procedures; refer instead to generic fax request form for surgical requests.

Please use this form for notification of admission of emergency admissions and notice of admit for surgery that has already been authorized.

Fax this form and supporting clinical information to 866-234-7230.

Member and facility information	
Member name	Date
Member ID	Facility National Provider Identifier
Member date of birth	Facility name
Date of admission	Contact name
Admission type <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation	Contact phone
Date of discharge, if applicable	Contact fax
Diagnosis with ICD-10	

If you have questions, call our Inpatient team at 888-454-0013.

For a list of services requiring prior authorization, visit [HealthSpring.com/Providers](https://www.healthspring.com/providers) or call your state's prior authorization department.

If you need help finding a participating facility or provider, call 800-230-6138 or visit [HealthSpring.com](https://www.healthspring.com).