North Carolina Inpatient Notification Form

Fax completed form to 1-866-480-2744

Phone number: 1-844-465-5500

Email:NC-medical@fridayhealthplans.com

*** = Required Information**

Requestor's Contact Name: ________________________________ Requestor's Contact Number: ____________________________

PATIENT INFORMATION

*Name:____ *Date of Birth: ______________________________

*Member ID Number:____________________________*Member Phone Number: ________________________

*Inpatient Notification: ☐Elective Pre-certified ☐Emergency Admission ☐Transfer from Outside Hospital

*☐Direct Admit ☐ OB Services ☐Other Services (please specify)____

*INPATIENT BED TYPE REQUESTED

Acute Care	Acute Care	Other	OB/Newborn
☐ ICU	☐ Intermediate CCU	☐ Hospice	☐ OB Non-Delivered
☐ Neuro/Spinal	☐ Cardiovascular Unit	☐ Intensive Rehab	☐ OB Surrogacy C-Section
☐ Pediatric ICU	☐ Oncology Unit	☐ Psych/Mental Health	☐ OB Surrogacy Vaginal
☐ Trauma	☐ Orthopedic Unit	☐ Skilled Nursing	☐ OB Vaginal Delivery
☐ Transplant	☐ Telemetry	☐ Subacute Rehab	☐ OB C-Section
	☐ Detox	☐ Substance Abuse/Chemical Dependency	☐ Nursery Readmit
	☐ Medical	☐ Swing Bed	☐ Nursery Boarder Baby
	☐ Surgical		☐ NICU II
			☐ NICU III
			☐ NICU IV

MEMBER ADMISSION INFORMATION

***ICD-10**

Admitting Diagnosis: ____

Description of Diagnosis:____

* Date of Admit: ________________________________

Date of Discharge is applicable: ________________________

FACILITY INFORMATION

FACILITY: ☐

*Name: ____________________________ *NPI: ____________________ *TIN: _____________

*UR Fax: ___________________________ *UR Phone: ______________________________

*Address: ____

Case Manager: ☐

*Name: ____________________________

*Fax: ______________________________ *Phone: __________________

Request for extension to authorization: ____

ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY. INCOMPLETE INFORMATION MAY DELAY THE PROCESS.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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