Service Plus: Emergent, Urgent & Direct Admissions Authorization Request Form

For Hospital Use only

Phone: 1-888-372-8633 8 a.m. - 5:30 p.m. M-F	Fax: 1-800-339-3554 Anytime day or night	Fax Clinical notes to: 904-858-1359 Anytime day or night

- Hours of operation for phone requests are **8 a.m. – 5:30 p.m.** Monday through Friday only.
- All applicable fields are **REQUIRED**. An incomplete request form will delay the authorization process.
- **Phone or Fax notification is required within 24 hours of admission.**

Member Information		
Last Name	First Name	ID # **A**
Date of Birth	Gender F ☐ M ☐	☐ Adult ☐ Pediatric
Request Date	Date of Admission	Time of Admission ☐ AM ☐PM
Admitting Diagnosis #1	Admitting Diagnosis #2	Admitting Diagnosis #3
Description	Description	Description
☐ **No Clinical notes available**	☐ **Clinical notes faxed**	☐ **Orders faxed**

Bed Type: ☐ **Medical** ☐ **Telemetry** ☐ **ICU** ☐ **PEDS** ☐ **PICU** ☐ **Maternity** ☐**Surgical**

Physician: Attending, Admitting, Hospitalist etc.			
Name	Provider #	Tax ID	NPI

Hospital			
Name	Provider #	Tax ID	NPI
UR Telephone	UR Fax	UR Contact Person	

Admission Information			
☐ ER Admission	☐ Roll Over Admission	☐ Acute Rehab Admission	☐ Discharge Orders
☐ Observation Admission	☐ Transplant Admission	☐ LTC Facility	☐ O/P Request
☐ Maternity	☐ SNF Admission	☐ Transportation	☐ Out of Area
☐ Transfer (Facility to Facility include name of Hospital)			
☐ **Other** (Please specify)			

Labor and Delivery

☐ Vaginal ☐ C-Section ☐ Well Baby ☐ Sick Baby ☐ Male ☐ Female

Delivery Date: ____________ Time of delivery:____________ Apgar_________ /_________ Weight____________

☐ Multi Gestation delivery A____________ B_____________ C______________ D______________

Pediatrician Name: [first, last, (middle initial if available)]

Additional Information: