



## Inpatient Admit & Discharge Notification Form

SC #4492\_v6 (1/2020)

Providers within Minnesota, North Dakota, South Dakota, Iowa and Wisconsin are required to provide South Country notification via this form within 24 hours of admission.

**Fax notification to:**  
**888-633-4052**

<b>Member Name</b>			
<b>Member ID Number</b>		<b>Age</b>	<b>Date of Birth (MM/DD/YYYY)</b>
<b>Admit Date (MM/DD/YYYY)</b>		<b>Discharge Date (MM/DD/YYYY)</b>	<b>LOS</b>
<b>Other Payer</b>			

<b>Hospital/Facility</b>		<b>Doctor Name</b>	
<b>UR Phone Number</b>	<b>Contact Name</b>	<b>Return Fax Number</b>	

<b>Admission Diagnosis</b>	<b>ICU</b> YES NO	
<b>History</b>		

<b>Deliveries Only</b>			
<b>SNVD</b>	<b>C-Section</b>	<b>Clinical Reason for C-Section</b>	
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Weight</b>	<b>NICU</b> YES NO
<b>Baby's Name</b>		<b>Baby's Doctor</b>	

<b>Did Baby Discharge with Mom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, explain reason why:	<b>Baby's Discharge Date (MM/DD/YYYY)</b>
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This faxed information is intended only for the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have reviewed this communication in error, please notify us immediately by telephone and return the original message to us by the above address via mail. Thank you.

**Contact the Provider Call Center at 888-633-4055 for questions related to claims.**  
**Contact Utilization Management at 888-633-4051 for questions related to the notification worksheet.**

South Country Health Alliance  
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