



SKILLED NURSING HOME/ SWING BED ADMISSION NOTIFICATION FORM

FYI: Please submit this form to Aspirus upon admission, discharge and whenever there is an update or change within 24 hours. **Include the following:** Admission Assessment, therapy evaluations/ notes, discharge summary and copy of NONMC or NDMC if applicable.

For questions call: 715-631-7412 or 1-855-931-4851

Send form and relevant clinical documentation for Admissions and Concurrent Review to:



Fax : 715-787-7316



Email: clsintakeMA@aspirushealthplan.com

TYPE OF ADMISSION:	
Skilled Nursing Home Admission	Swing Bed Admission
Today's Date:	Date of Admission:

PATIENT INFORMATION:		
Name:		
Date of Birth:	Member ID:	
Address:		
City:	State:	Zip Code:
Phone:		

ASPIRUS HEALTH PLAN:		
Aspirus Essential Rx	Aspirus Elite	Aspirus Elite Rx

ADMITTING FROM FACILITY INFORMATION:			
Admission from:	Community	Hospital	Lives in Nursing Home
Hospital Admission Date:	Hospital Discharge Date:		
Name of Hospital:			
Admission Diagnosis (ICD-10) Codes:			

ADMITTING TO FACILITY INFORMATION:	CONTRACTED	NON-CONTRACTED
Facility Name:	Facility NPI #:	
Address:		
Phone:		

FACILITY CONTACT PERSON:			
Name:			
Phone:	Fax:		
Email:			
Preferred method of contact:	Phone	Fax	Email

REASON FOR AUTHORIZATION REQUEST:
Authorization Request
Benefit Exception:
Out of Network Provider Requesting Network Exception

Admission/ Change/ Update/ Discharge:	Effective Date of Change/ Update:	Reason Codes:

Admission	
1. Intial Admission	6. Readmission (Hospital back to SNF)
2. Discharge (Home)	7. Transfer from another SNF
3. Discharge (Hospital)	8. Other Healthcare Facility
4. Discharge (Death)	9. Change in Medicare qualified stay/ End of benefit (Last covered day)
5. Hospice (Noncovered)	10. Other, please specify