



Notification of Inpatient Mental Health Admission Medicare Advantage Plans

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



For questions, call Mental Health and Substance Use Disorder Services at: **715-631-7442** or **1-855-931-5264**



Fax form and any relevant documents to: 715-787-7314



Submit Request: mhsudservicesMA@aspirushealthplan.com

MEMBER INFORMATION

Aspirus ID _____
Member Name _____ DOB _____
Address _____
City, State, Zip _____ Phone _____

SERVICING FACILITY INFORMATION

Facility _____ NPI Number _____
Service Location Address _____
City, State, Zip _____
Contact Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Email _____
Phone _____ Total Pages Faxed _____

ADMISSION DETAILS

<input type="checkbox"/> Initial Admission		<input type="checkbox"/> Concurrent Review	
		Previously Approved Notification Number _____	
Start Date	Discharge Date	ICD - 10	Units/Days Requested

Attach the following applicable documents:

- Inpatient Mental Health Admission**
- H&P, Treatment Plan, Medication Administration Record, Social Work, Practitioner & Nursing Progress Notes (from past 24-48 hours)
 - Comprehensive Assessment, Discharge Summary, Court Documents (commitments, court holds, court orders)