Admission/Discharge Notification Form

Please Fax to: QUI Admissions 952-853-8705

For questions please leave a message for the Admissions Unit at 888-883-7510

Sent By:

Name: _____ Phone: _____ Fax: _____

Other Insurance / Accident Information: ☐ Medicare Primary ☐ No Fault/MVA ☐ Workers Comp

☐ Other_____

Patient Information:

CoOportunity Health Patient Name: _____
Last First

CoOportunity Health Member ID #: _____ Date of Birth: _____

Admission Source and Bed/Unit

Admission Date: ____/____/_____

Discharge Date: ____/____/_____

Discharge Disposition:

☐ Home ☐ Expired

☐ Hospital or Nursing Home Transfer

☐ ER ☐ Urgent/Direct ☐ Scheduled/Elective

☐ Med ☐ Surg ☐ CCU ☐ ICU ☐ Pediatrics

☐ MH ☐ CH ☐ Swing Bed ☐ Acute Rehab

☐ LTC ☐ Maternity Newborn __ Boy __ Girl

☐ Level II or III Nursery

Diagnosis: _____ Dx Code: _____

_____

Procedure: _____ Date:____/_____ Proc. Code: _____

Facility and Physician Information:

Facility: _____ Phone: _____

Street: _____ UR Dept: _____

City: _____ State: _____ Zip: _____

Facility Federal Tax ID: _____ NPI #_____

Admitting Physician:_____Phone:_____
Last First

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

Physician Federal Tax ID: _____ NPI #_____

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CoOportunity Health is a Qualified Health Plan issuer in the Health Insurance Marketplace for Iowa and Nebraska.
CoOportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services