



Facility name:

Participant information

Date of admission (Keystone First CHC must be notified on the first business day following the date of service):		
Participant ID number:	Date of birth:	Participant's name:
Type of admission: <input type="checkbox"/> Inpatient <input type="checkbox"/> Medical observation (less than 23 hours of stay) <input type="checkbox"/> Short procedure <input type="checkbox"/> Obstetric observation (less than 23 hours of stay)		
Diagnosis or reason for admission:		
Attending physician:	Keystone First CHC provider ID number:	
Procedures performed (must be completed for SPU admission):		
Is the Participant pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated date of confinement:	OB practitioner:	

For Keystone First CHC use only	6087 – UM Disclaimer – Admissions	1A01
Case number:	The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to Participant eligibility and applicable plan benefit limitations. This is not a guarantee of payment.	

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Return the response by: Fax: _____ Phone: _____
 (This will be returned by the next business day. If not indicated, the response will be faxed.)

Important payment notice

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.