



Inpatient Notification Form

Submission of the notification of an admission does not guarantee coverage or payment by iCare. Independent Care Health Plan (iCare) must be notified of all inpatient stays **within one (1) business day** of the admission. Please fill out this form completely and fax to **(414) 231-1075**. An incomplete form or failure to adhere to iCare's notification policy may delay processing and/or claims payment.

Member Information			
Plan:	<input type="checkbox"/> iCare Medicare	<input type="checkbox"/> iCare Medicaid	<input type="checkbox"/> iCare BadgerCare-Plus
Member Name:		DOB:	
Member ID#:		Phone:	

Notifying Facility Information			
Service Type:	<input type="checkbox"/> Emergency <input type="checkbox"/> Elective <input type="checkbox"/> Observation	<input type="checkbox"/> Behavioral Health <input type="checkbox"/> Emergency Detention <input type="checkbox"/> Voluntary	
Admission Date:		Admission Time:	Room Number:
Admitting ICD 10 Diagnosis Code and Description:			
Admitting Hospital:		Facility NPI:	
Facility Address:			

Designated Contact Person	
Name:	Title:
Phone:	Fax:

Confidentiality Notice: This facsimile transmittal contains confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance of the contents of this confidential information is strictly prohibited. If you receive this communication in error, please notify us immediately at 414-223-4847. Thank you.

Notification Number (FOR ICARE USE ONLY)	
Medicare:	Medicaid:

INDEPENDENT CARE HEALTH PLAN

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