Evry Healthcare Inc.
URA License # 2447557
PO Box 571208
Dallas, TX 75357

Inpatient Admission Notification & Concurrent Review Form

The following services require notification for admission within 3 business days and notification of discharge within 24 hours:

- Unplanned Admissions: ALL medical, maternity, and surgical inpatient admissions
- Observation Stays resulting from ER visit over 48 hours
- Observation Stays, unanticipated after surgery or other procedure over 48 hours
- Maternity admission for vaginal delivery or C-section
- All Out of Network/Out of Area Stays or Admissions

Step 1: Notification and clinicals must be submitted within 3 business days of admission. All notifications and clinicals MUST be faxed to 325-603-0541 to be reviewed.

Step 2: If the facility deems an inpatient admission is NOT required following emergency room services, the facility will fax a notification of discharge within 24 hours of discharge.

Step 3: If the facility deems an inpatient admission is required following emergency room services and stabilization, the facility **MUST** request authorization for extension of services for medical necessity review and length of stay request. Complete medical records are required to begin the medical necessity review for length of stay request.
*For cases requiring concurrent review after initial approval, the facility has 3 business days from the last approved day to submit all necessary information for continued review.

Step 4: If supplemental information is required, Evry Health will be in contact with the facility on what is required to conduct the review. Please note, failure to submit the appropriate documentation and lack of timely delivery may result in a denial of coverage.

Note: Evry Health requires inpatient notification of admission and length of stay review for medical necessity within 3 business days of hospital admission. Emergency services and stabilization are not subject to authorization. Out-of-Network facilities are required to request authorization for further care or treatment needed after stabilization of an emergency medical condition within 3 business days. Notification of admission and length of stay review for medical necessity is the responsibility of the facility providing the service. If the facility fails to meet time requirements, the member cannot be billed for these services.

*This form serves as notification of admission and does not replace prior authorization procedures. To obtain prior authorization, please visit www.evryhealth.com > Providers tab			
Today's date:			
Please check one: ☐ **Observation** ☐ **Initial admission** ☐ **Concurrent Review/Continued Stay**			
Type of Admit			
☐ Inpatient ☐ Emergency ☐ Observation ☐ NICU	☐ Maternity ☐ Newborn ☐ Psychiatric	☐ Long Term Acute Care ☐ Skilled Nursing Facility ☐ Inpatient Rehab	☐ Residential Treatment Center ☐ Detox ☐ Direct admit from provider's office

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Member Information			
Member name:		DOB:	
Member ID or reference #:		Group #	
For child/adolescent, name of parent/guardian:			
Facility Information			
Facility name:			
Facility address:			
Facility phone number:			
Facility NPI:			
Name of utilization review (UR) contact:			
UR phone number:		UR fax number:	
Attending physician (first and last name):			
Attending physician phone number:			
Attending physician fax number:			
Attending physician address:			
Attending physician NPI:			
Discharge planner name:			
Discharge planner contact info:			
Admission Information			
Admission date & time:			
ICD 10 diagnosis code(s):			
Number of additional days requested:			
Expected discharge date:			

Please submit this form **along with pertinent clinicals** via fax to (325) 603-0541.