



VA INPATIENT ALERT

Please attach a copy of Admission Face Sheet with this Alert.
(VA INPATIENT FAX: 1-907-770-2074)

<p>Today's Date: _____</p> <p>Hospital Name: _____</p> <p>Hospital FAX: _____</p> <p>Admitting Physician: _____ Physician's Ph#: _____</p> <p>Admission Type: ER_____ Direct_____ Scheduled_____</p> <p>Date Patient in ER if different than admit date: _____</p> <p>Patient Unstable for Transfer: _____ (Initials Please)</p>
<p>Date Of Admission: _____ Date of Discharge: _____</p> <p>Veteran's Name: _____ SSN: _____</p> <p>Diagnosis: _____</p> <p>Specialty: Med_____ Surg_____ Psych_____ Rehab_____</p> <p>Additional Insurance Information: _____</p>

***** VETERAN'S STATEMENT: I request VA coverage for this episode of care. In accordance with the law, I understand I am subject to transfer to a federal facility.**

Signature of veteran or family member: _____

(Please, do not write below this line, for VA use only)

AUTHORIZED: _____ **NOT AUTHORIZED:** _____

REPORT OF CONTACT IN SYSTEM: _____ **DENIAL LETTER SENT:** _____

VET ADMITTED IN SYSTEM: _____ **AUTH SENT TO VENDOR:** _____

COMPLETED FORMS REQUIRED: 1010EZ_____ **DD Form 214**_____

For more information contact Inpatient Utilization Review office @ 770-2014