

Nursing Facility Notification

Fax to 1-844-206-3445.

Today's date: _____

Facility tax ID #:		Facility NPI #:	
Facility name:		Facility city:	
Name (facility point of contact):			
Facility contact phone #:			
Service coordinator name:			

Resident/member Medicaid ID #:	
Resident/member name:	

- ☐ New admission, Amerigroup member — date of admission: _____
- ☐ Discharge to hospital/emergency room — date of discharge: _____
- ☐ Re-admission, Amerigroup member — date of admission: _____
- ☐ Discharge — extended leave from facility — date of discharge: _____
- ☐ Resident death — date: _____
- ☐ Significant event or change in condition — date event/change was identified: _____

Clinical detail — significant event or change in condition detail: