



**MedicareBlue<sup>SM</sup> PPO**  
A Medicare Advantage Plan

**Medical Management**  
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P.O. Box 64265, Route R4-18 • St. Paul, MN 55164-0560

**ADMISSION NOTIFICATION**

**Fax to (651) 662-9478**  
Telephone: (651) 662-7712 or 1-866-537-7702

Your Info	<p>*You are a (circle one): Clinic or Facility *Contact person: _____</p> <p>*Phone #: ( ) _____ - _____ *Fax#: ( ) _____ - _____</p> <p>Are you the Primare Care Clinic? ____Yes ____No</p> <p>If your are, what is your contacting Provider ID _____ (alpha)</p>
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Patient Info	<p>*Name: _____</p> <p>Patient's ID#: _____ *Date of birth: ____/____/____</p>
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Medical Information	<p>*Admitting Clinic ID#: _____ Name: _____ alpha</p> <p>Admitting Individual ID#: _____ Name: _____ alpha</p> <p>*Facility #: _____ Name: _____ alpha</p> <p>*Admit ICD-9 DX code: _____ Admit DX description: _____</p> <p>Secondary ICD-9 DX code: _____ 2<sup>nd</sup> DX description: _____</p> <p>Procedure ICD-9 code: _____ Procedure date: ____/____/____ Procedure description: _____</p> <p>Secondary ICD-9 code: _____ 2<sup>nd</sup> procedure date: ____/____/____ 2<sup>nd</sup> procedure description: _____</p> <p>ADMISSION DATE: ____/____/____ ANTICIPATED DISCHARGE DATE: ____/____/____</p> <p>Your medical record # (optional): _____</p>
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