

Hospital Admission/Discharge Notification

Create a new Authorization or edit Member information (see [Getting Started](#)).

Note: All fields with a red asterisk are required.

Select Hospital Admission Notification from the *Authorization Type* dropdown menu and fill out *Submitter Information* in full. You must select a facility under *Admitting Facility*.

Home > Forms > Authorization

My Authorizations My Facility Authorizations Create New

Create Authorization

Member				
PMI #	Last Name	First Name	Date of Birth	Soc Sec #
99999002	Primewest	Gary	07/01/1954	

New Search

Authorization Type*

Hospital Admission Notification

Submitter Information

First Name* Last Name* Phone:* Ext:

Stephanie Hoberg (320) 762-5949

Email*

stephanie.hoberg@primewest.org

Admission Date* Discharge Date

MM/DD/YYYY MM/DD/YYYY

Admitting Facility

Select Facility

This field is required

Continue filling out required fields. Attach supporting documentation and click *Submit*.

Admitting Facility		
Select Facility	HUTCHINSON HEALTH HOSPITAL 1095 STATE HWY 15 S HUTCHINSON, MN 55350	
Phone*	(320) 555-5555	
Diagnoses		
Primary ICD 10 Code	Diagnosis Description	
F3181	Bipolar II disorder	
Add Diagnosis		
Admission type*	Level*	Is this an OB notification?*
ELECTIVE	* Hospital-Inpatient	No
Attachments		
Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)		
File	Choose File No file chosen	
Submit	Cancel	

If this is a Hospital Admission, do **not** select a *Template*.

PrimeWest HEALTH

Search

Providers Members About Us Login

Home > Forms > Authorization

My Authorizations My Facility Authorizations Create New

Create Authorization

PMI #	Last Name	First Name	Date of Birth	Soc Sec #
99999001	Primewest	Mary	07/01/1954	

New Search

Authorization Type*
Hospital Admission Notification

Template (If you do not know which template to use please leave as No Template.)
No Template

Load Form

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If this is an OB Notification, select *Yes*, and then select *Yes* or *No* for *Delivered?*.

Admission type*
ELECTIVE

Level*
* Hospital-Inpatient

Is this an OB notification?*
Yes

Delivered?*
This field is required

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File No file chosen

If you select *Yes* for *Delivered?*, add *Baby Information*. Only use *Add Baby* for multiple births.

The screenshot shows a medical form with the following fields and sections:

- Add Diagnosis** (button)
- Admission type*** (dropdown menu, selected: ELECTIVE)
- Level*** (dropdown menu, selected: * Hospital-Inpatient)
- Is this an OB notification?*** (dropdown menu, selected: Yes)
- Delivered?*** (dropdown menu, selected: Yes, highlighted with a red box)
- Baby Information** (section highlighted with a red box)
 - First Name (text input)
 - Last Name (text input)
 - Gender* (dropdown menu)
 - Date of birth* (text input with mm/dd/yyyy format and calendar icon)
 - Pounds* (text input)
 - Ounces* (text input)
 - Stillborn (checkbox)
 - Add Baby** (button, highlighted with a red box)
- Attachments** (section)
 - Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)
 - File (text input)

To Update Discharge Notification

Select *My Authorizations*. Choose a member from the list and click *Edit*.

The screenshot shows the PrimeWest Health website interface with the following elements:

- PrimeWest HEALTH** logo
- Search** button
- Navigation menu: **Providers**, **Members**, **Community Health**, **About Us**, **Login**
- Breadcrumbs: **Home > Forms > Authorization**
- My Authorizations** (button, highlighted with a red box)
- My Facility Authorizations** (button)
- Create New** (button)
- My Authorizations** section header
- Table of authorization records:

	Status	First Name	Last Name	Form Type	Cert Num.	Servicing Provider	Start Date	Expire Date
View Edit	Open	Gary	Primewest	Hospital Admission Notifi...	PH67593*IP	HUTCHINSON HEALTH HOS...	01/01/2018	01/02/2018

Select *Yes* under *Is this a Discharge Notification?*.

Note: Make sure the submitter's phone number is filled in and the discharge date is entered.

Submitter Information

First Name* Last Name* Phone:* Ext:

Stephanie Hoberg () - -

Email*

stephanie.hoberg@primewest.org

Is this a Discharge Notification?*

Yes ▾

Admission Date* Discharge Date*

01/01/2018 MM/DD/YYYY

Discharge Status*

Select Status ▾

Under *Discharge Status*, select where member is being discharged to.

Discharge Status*

AMA ▾

Admitting Facility

Select Facility

HUTCHINSON HEALTH HOSPITAL
1095 STATE HWY 15 S
HUTCHINSON, MN 55350

Phone*

Attach discharge paperwork and click *Submit*.

The screenshot shows a web form with three dropdown menus at the top: 'Admission type*' set to 'ELECTIVE', 'Level*' set to '* Hospital-Inpatient', and 'Is this an OB notification?*' set to 'No'. Below these is an 'Attachments' section with a description: 'Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)'. Inside this section, there is a 'File' label, a 'Choose File' button, and a text field containing 'No file chosen'. At the bottom of the form, there are two buttons: 'Submit' and 'Cancel'. Red rectangular boxes highlight the 'Choose File' button and the 'Submit' button.

Admission type*
ELECTIVE

Level*
* Hospital-Inpatient

Is this an OB notification?*
No

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File No file chosen

Submit Cancel