



Generations Medicare Advantage Plans  
210 Park Ave. | Suite 2800 | Oklahoma City, OK 73102-5621

## HOSPITAL ADMISSION FORM

Patient Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Person Filling Out Form: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

ICD-10 Code/Admitting DX: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge if Applicable: \_\_\_\_\_

Admission Type (Inpt/Outpt): \_\_\_\_\_

Referral Number if this is a Scheduled Procedure: \_\_\_\_\_

Please fax ALL clinicals AND this form to 405-758-4374 or email to  
concurrentreview@globalhealth.com

Notification of admission must be provided within 24 business hours of a member's admission to  
your facility.

Do not use the HealthAxis Provider Portal to enter hospital admissions.