

Passport by Molina Healthcare

Medical inpatient request form

Member Name _____ Member ID _____ Member DOB _____

 Admission Date: _____ Scheduled Emergent / Urgent

Requesting physician / Provider

Rendering Provider Name _____ Tax ID _____

Phone _____ Fax _____

MD Name	
MD Phone	
MD Fax	

 Has member been discharged? YES NO If yes, Discharge Date:

Discharge Disposition (Check One)

Home		Home Health	
Rehab		Expired	
LTACH		Other	

Anticipated Discharge Needs

Home Health	
Therapy	
DME	
Other – Specify	

Does the member require
Case Management Referral or
Intervention ?
 YES NO

Please provide discharge plan with documentation

Clinical Information and Clinical Summary

Diagnosis

ICD10	Description

Procedures if applicable

CPT	Description

Presenting Signs and Symptoms

Radiologic Studies: (Include dates and results)

Study	Date	Result

Abnormal Labs:

Lab	Date	Result

Clinical information and supportive documentation should consist of current physician order, relevant notes supporting the request and recent diagnostics/consultations. To determine Medical Necessity, in conjunction with independent professional medical judgment, Passport uses nationally recognized evidence-based guidelines (MCG), third party guidelines, CMS guidelines, state/commonwealth guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.