

WESTERN HEALTH ADVANTAGE

DEPARTMENT/#: Utilization Management P&P NAME: Concurrent Review



WESTERN HEALTH ADVANTAGE MEDICAL MANAGEMENT

OOA Admission Communication Worksheet

Reference #

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Last Name:	First Name:	DOB:
ID#:	Relationship:	
Medical Group:	PCP:	
Admitting Hospital:		Notified:
Main Hosp #:	UR Contact:	
UR VM line:	UR Ph#:	UR Fax#:
Admit Date:	Discharge Date:	
Admit Dx:	Discharge Dx:	
Hx:		
Transferred to:	Date:	
	_	_

DATE	TIME	NOTES / ACTION