



LATE NOTIFICATION OF SERVICES SUBMISSION FORM

Member Name:

Member ID:

Date of Admission:

Date of Discharge:

Not Discharged Yet

Reason for Late Notification:

- Newborn Retro Eligible
- Fast Track Application Submitted
- Facility Administrative Error
- Unable to Obtain Insurance Information
- Other*

*If Other, Facility Error or Unable to Obtain Insurance Information Chosen Provide Detail:

Date Fast Track Application Submitted:

If in NICU, enter Mother's Name and ID Number:

****Please Note:**

- *To assure that the PA is processed appropriately this form must be submitted with PA request form.*
- *Please attach the completed HIP Application to this submission.*
- *Request will be returned if all requested documentation is not provided.*

