BlueCross BlueShield Nebraska

An independent licensee of the Blue Cross and Blue Shield Association

Inpatient Hospital Assessment Form For Acute Care Hospitals

Complete this form and fax it to:
1-866-422-5120
For readmissions within 30 days, please include the discharge summary from the first admission.

1. Member Demographic Information

First Name: _____

Last Name: _____

Member ID: _____

Date of Birth: _____

Facility Name: _____

Contact Phone Number: _____

Health Plan: ❒ Blue Cross Blue Shield Nebraska MA Core
❒ Blue Cross Blue Shield Nebraska MA Choice

2. ER Admission

3. CC

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4. PMH:

5. Vitals:

6. Imaging:

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7. Labs:

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8. On Exam:

9. ER Tx:

10. Admission Orders:

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11. Discharge plan:

12. Is the Readmission within 30 days? Please send discharge summary from the last 48 hours of the previous admission and vital signs from the last day of admission.

13. Comments: