Arkansas BlueCross BlueShield
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:
1-844-869-4073
For readmissions within 14 days, please include the discharge summary from the first admission.

Member Demographic Information	
First Name, Last Name: Subscriber #: Date of Birth:	Facility Name: Contact Phone: Health Plan: ☐ Medi-Pak® Advantage HMO ☐ Medi-Pak® Advantage PPO

1. ER Admission:	

2. CC:

3. PMH:

4. Vitals:

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5. Imaging:

6. Labs:

7. On Exam:

8. ER Tx:

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9. Admission Orders:

11. Discharge plan:

10. Re-admission within 14 days? Please send discharge summary from previous admission and vital signs from the last day.

16. Comments: