



Minnesota Health Care Programs (MHCP)

Inpatient Hospital Authorization Form

To request IHA, complete this form, then fax or call the medical review agent.

Medical Review Agent
7900 International Plaza Drive, Suite 988
Bloomington, MN 55425
Fax: 1-866-889-6512
Phone: 1-866-433-3658

Provider Information

HOSPITAL NAME	HOSPITAL NPI	TAXONOMY CODE
CONTACT NAME	PHONE NUMBER - -	FAX NUMBER - -
PHYSICIAN NAME		PHYSICIAN NPI

Recipient Information

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	MHCP ID NUMBER
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ADMITTING DIAGNOSIS CODE	DESCRIPTION			
SECONDARY DIAGNOSIS CODE	DESCRIPTION			
SURGERY PROCEDURE CODE	DESCRIPTION			

ANTICIPATED ADMISSION DATE	DISCHARGE DATE (if known)	READMISSION TO REHAB AFTER TRANSFER TO ACUTE CARE <input type="radio"/> Yes <input type="radio"/> No	DATES OF PRIOR INPATIENT REHAB
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PRESENTING SYMPTOMS AND PERTINENT ADMISSION ASSESSMENT

ADMITTING ORDERS AND/OR PLAN OF CARE