



Hospital Communication Log

providers.amerigroup.com

[Health plan name]

Sender: _____

Fax: _____

Facility: _____

Admit Date	Ref ID/ Auth Number	Member	Patient Name	DOB	Admitting Diagnosis	Plan Product Description	PCP Name	Status (Approved/ Denied)	Next Review Date	D/C Date	D/C Disposition Complex Needs Identified/ Other Comments

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