

## Inpatient PMU Medicaid medical consult request form

This form is **only** for Medicaid medical consult requests for Priority Health members admitted to an Inpatient Psychiatric Medical Unit (PMU).

Request date: \_\_\_\_\_

### Member information

<b>Member last name</b>	<b>Member first name</b>
<b>Priority Health / Medicaid ID #</b>	<b>Date of birth</b>
<b>Date of admission</b>	<b>Discharge date</b>
<b>Diagnosis code(s)</b>	

### Facility information

<b>Facility name</b>		<b>Facility address</b>	
<b>Facility TIN</b>		<b>Facility NPI</b>	
<b>Contact name</b>	<b>Phone</b>	<b>Fax</b>	

### Describe the reason for medical consultation

*You must send medical records with your request including H&P, labs, medication record, imaging and MD/DO documentation. Your request won't be processed without this information.*

*To receive payment from any Medicaid program, new federal regulation requires that those providing services to a Medicaid beneficiary must enroll in CHAMPS (Community Health Automated Medicaid Processing System). For more information, go to: <https://milogintp.michigan.gov> or contact the Medicaid Provider Helpline at 800.292.2550.*