

**Nursing Facility Notification**  
**Fax to: 844-206-3445**

Today's date: \_\_\_\_\_

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Facility tax ID #: \_\_\_\_\_ Facility NPI #: \_\_\_\_\_

Facility name: \_\_\_\_\_ Facility city: \_\_\_\_\_

Name (Facility point of contact): \_\_\_\_\_

Facility contact phone #: \_\_\_\_\_

Service coordinator name: \_\_\_\_\_

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Resident/member Medicaid ID#: \_\_\_\_\_

Resident/member name: \_\_\_\_\_

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- New admission, Wellpoint member – date of admission:
  - Discharge to hospital/emergency room – date of discharge:
  - Re-admission, Wellpoint member – date of admission:
  - Discharge – extended leave from facility – date of discharge:
  - Resident death – date:
  - Significant event or change in condition – date event/change was identified:
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**Clinical detail – significant event or change in condition detail:**

  
  
  
  
  
  
  
  
  
  

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[provider.wellpoint.com/tx/](https://provider.wellpoint.com/tx/)

Medicaid services provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.  
Medicare services provided by Wellpoint Texas, Inc. or Wellpoint Insurance Company.