Quality Insights

Quality Insights of Pennsylvania

MAIL TO: Quality Insights of Pennsylvania
Attn: Case Review
2601 Market Place Street, Suite 320
Harrisburg, PA 17110

HOSPITAL MEDICARE PROVIDER/NPI #: _____

REPORTING MONTH/YEAR: _____

NOTIFICIATION TO QUALITY INSIGHTS OF PENNSYLVANIA OF HOSPITAL NOTICES OF NON-COVERAGE

Patient Name (Last, First, Mi)	Medicare #	Notice Date (record under notice type)		Admission Date (if applicable	Discharge Date (if applicable)	Birth Date	Bene Liable * (Yes/No)
		Preadmission	Admission				

***** It is extremely important that this block be completed accurately. Complete by answering the following:
Did the patient remain hospitalized:
3 days or more after receipt of the notice (PPS patient) or 1 day or more after receipt of the notice (Non-PPS patient)?
If yes, answer "YES" in the liability block. If no, please be sure to enter "NO" in the liability block.
DO NOT LEAVE BLANK

Name of Person Completing Report: _____ Date: _____

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