

### Hospital Communication Log

Kentucky Medicaid

Sender: \_\_\_\_\_

Fax: \_\_\_\_\_

Facility: \_\_\_\_\_

Admit date	Ref. ID/ auth number	Member	Patient name	Date of birth	Admitting diagnosis	Plan product description	PCP name	Status (approved/ denied)	Next review date	D/C date	D/C disposition complex needs identified/ other comments

<https://mediproviders.anthem.com/ky>

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