

Hospital Stay Reporting Form - AR Independent Choices

It is required that you notify Palco of any hospital admissions immediately. Please include both the admission and discharge date in order for Palco to resume services.

Today's Date: _____

Form completed by:

Participant EOR/Representative Service Coordinator Palco Rep

Participants Full Name: _____

Participants Palco ID: _____

Hospital Name: _____

Admission Date: _____

Discharge Date: _____

The dates recorded and submitted must be **accurate**. If you are unsure of the actual dates, please submit your discharge paperwork to Palco as record.

***Please return this form to Palco via email: enrollment@palcofirst.com
or via fax to 1.877.859.8757.***