

<b>COMMENTS</b>	<b>-Affix label here-</b> Member ID: _____ First Name _____ M.I. _____ Last Name _____
	<i>To be completed by Outcomes Coordinator:</i> Staff person: _____ Adjudication Case No.: _____
Date Completed: _____ (M/D/Y)	

Complete a separate form for each hospitalization.

**Record the hospitalization information below. The admission and discharge date/date of death should match the dates on the attached medical documentation and corresponding provider visit entered in the WHIX database.**

**Hospital**

Hospital/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Admission Date: \_\_\_\_\_ (M/D/Y)

Discharge Date/Date of Death: \_\_\_\_\_ (M/D/Y)

Patient's Hospital ID: \_\_\_\_\_

**NOTE: As of 6/23/2016, documentation of Diagnostic and Procedures codes (via text or code) is no longer required for WHI.**