

IMD ADMISSION/DISCHARGE ALERT

TO: CLAIMS AUDITOR
 CLAIMS PROCESSING
 MEDICAL SERVICES DIVISION
 600 EAST BOULEVARD AVENUE DEPT 325
 BISMARCK ND 58505-0250

FAX: 701-328-0378

FROM: _____

(Name of Facility)

PROVIDER NUMBER: _____

NPI: _____

NAME OF CHILD	MEDICAID ID NUMBER	DATE OF BIRTH	ADMISSION DATE	DISCHARGE DATE	STATE OFFICE USE

Signature: _____

Date of Report: _____