

**Valley Health Provider Request to Change Admission, Discharge and Transfer Notification
Method from Fax to Direct Address**

To help support care coordination efforts and ultimately improve patient outcomes, Centers for Medicare and Medicaid Services (CMS) requires Valley Health to electronically notify the patient's primary care physician(s) and post-acute care providers any time the patient is admitted, discharged or transferred from one of our hospitals. This new requirement was included as a Condition of Participation (CoP) in CMS plans and became effective May 1, 2021.

Please complete ALL of the fields below as they are REQUIRED for us to change your notification route from fax to direct address. Please note you must provide us with information for EVERY location. Completed forms should be emailed to ISHelpdesk@valleyhealthlink.com. Upon receipt of the request, it can up to 4 weeks for us to make this change.

PROVIDERS FULL NAME:

NPI:

Contact Name and Phone Number for Questions:

LOCATIONS (please fill out for ALL locations):

Location #1 – PRIMARY LOCATION

Practice Name: _____ Direct Address: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Location #2

Practice Name: _____ Direct Address: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Location #3

Practice Name: _____ Direct Address: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

