



MLTSS Community Alert Form

Date of notification:		
Member information		
Member name:		
Member ID:		
Provider information		
Provider name:		
Provider ID:		
Unable to Service member alert		
If you have been Unable to Service a member (i.e. member refuses service, member unable to contact, other reason) please explain:	Reason:	Date of last contact:
		Last date of service:
Hospital admission alert/Emergency Room alert (regardless of the primary payer)		
Admission date:	Hospital name:	
Fall alert		
Date of fall:	Medical attention required (Y/N):	Reason for fall:
Notification of death		
Date of action:		
Comments		
Completed by:		
Phone number:		

To report an incident, please fax this form to Horizon NJ Health’s MLTSS staff at 1-973-274-3864 or email to MLTSS_Alerts@HorizonBlue.com.