

## Weekly Inpatient Denial Log Sheet

Member Name	ID Number	DOB	Admit Date	DC Date	Attending MD/PCP	Facility	ICD -9 Code	Total # Days Authorized	Dates Authorized	# Days Denied	Dates Denied	Reason For Denial	LOC Denied	MD Authorizing Denial	PPG Tracking Number	Comments

DOB – Date of Birth      DC Date – Discharge Date      LOC – Level Of Care  
 MD - Medical Doctor      PCP –Primary Care Physician      PPG – Participating Physician Group

Fax to (818) 676-7304 or  
 Submit via encrypted email to [provider.oversight@healthnet.com](mailto:provider.oversight@healthnet.com) or  
 Mail to Health Net, Hospital Notification Unit, 21281 Burbank Blvd, 5<sup>th</sup> Floor, Woodland Hills, CA 91367