



DISCHARGE CONSULTATION DOCUMENTATION
Please complete all information requested on this form. Fax to 1.866.535.6974

DISCHARGE CONSULTATION INFORMATION

Member Name, Member Phone, Member DOB, Parent / Guardian Name, Member ID #, Best Time to Reach Member/Parent/Guardian, Member Address, UM Name, Facility Name, Emergency/Other Contact, Facility Fax number

Outpatient Therapist, Psychiatrist, Outpatient Therapist Phone, Psychiatrist Phone, Date of next appointment, Date of next appointment, Case Manager (if applicable), Does the member have medication to last until this follow-up?, Case Manager Phone, Yes No

Other follow-up appointments, Name/Type of Provider, Phone, Date of next appointment, Did member attend a 510 (Bridge appt. during the discharge process? Yes No, If yes, name of staff conducting the 510, Phone, Date of the 510, Time of the 510

All appointments following a discharge are required to be set within seven calendar days with a licensed behavioral clinician. Any appointments outside this time frame will need to be reported to the healthplan to allow for assistance with the appropriate level of follow-up.

Medical Provider/PCP, Phone, Current ICD Diagnosis (Please include current diagnostic codes below), Primary, Secondary, Tertiary, Additional, Additional, Medication at discharge, Discharge Disposition/Where will member be staying after discharge?

Empty rectangular box for additional notes or comments.

Signature of Facility Staff, Date of Admission/Discharge

Signature of Member/Guardian, Time of Discharge

SUBMIT TO Utilization Management Department Phone: 1.888.282.7767 Fax: 1.866.535.6974