

Behavioral Health Discharge Note

Please submit this form electronically at <https://www.availity.com>. * This can also be submitted via fax to **1-844-430-1702**.

Member information				
Member name		Member ID/reference		Member DOB
Member address			Member phone number	
Facility and provider information				
Name of facility			Facility NPI/provider number	
Date of discharge			Discharge address	
Discharge phone number			Other contact information (mobile phone, family member or guardian)	
Was this discharge against medical advice?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was discharge information sent to the PCP?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was discharge plan discussed with member?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If required, for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any of the following included in the discharge plan? Check all that apply.	Yes	No	Accepted	Refused
Skilled nursing facility				
Assisted living facility				
Targeted case management				
Intensive case management				
Therapeutic behavioral onsite services				
Day treatment				
Other (specify)				

* Availity, LLC is an independent company providing administrative support services on behalf of Blue Medicare Advantage.

Discharge diagnoses (This includes behavioral and medical health.)			
Discharge medications (Include medications and doses for all conditions.)			
Are these medications on the formulary?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has precertification been received, if needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Risk assessment			
Was the member stable at discharge (no risk for suicide/homicide/psychosis)?			
Discharge appointment (Must be within seven days of discharge.)			
Provider name		Provider phone	
Provider address		Is this an in-network provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of appointment		Time of appointment	
Describe any barriers to attending this appointment:			
Submitted by		Phone	
		Date	

Protected health information (PHI): These documents contain PHI. Federal and state laws prohibit inappropriate use of PHI. If you are not the intended recipient or the person responsible for delivering

these documents, you must properly dispose of them. If you need instructions, please call the number on the back of members' ID cards for Medicare Advantage.

Providers: You are required to return, destroy or further protect any PHI that you receive pertaining to patients that you are not treating. You are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or redisclose such PHI.

Help us protect patient privacy: If you need to check one of the boxes in this section, please fax the document back and then destroy this correspondence. By checking a box, you agree to this statement: *I certify that the PHI contained in this correspondence has been destroyed and has not been retained, utilized or further disclosed.*

Not treating these conditions Never treated this patient Not treating this patient now

The information contained in this facsimile message, and in any accompanying documents, is intended only for use by the individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee, associate or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you receive this communication in error, please immediately notify the sender by telephone to arrange for its destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein.