SUBMIT TO
Utilization Management Department
Phone: 1.877.647.4848 Fax: 1.866.535.6974

DISCHARGE CONSULTATION DOCUMENTATION

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

DISCHARGE CONSULTATION INFORMATION

Member Name _____
Member DOB _____
Member ID # _____
Member Address _____
Facility Name: _____
Facility Fax Number: _____

Member Phone: _____
Parent / Guardian Name: _____
Best Time to Reach Member/Parent/Guardian: _____
UM Name: _____
Emergency/Other Contact:_____

Outpatient Therapist _____
Outpatient Therapist Phone _____
Date of next appointment _____
Case Manager (*if applicable*) _____
Case Manager Phone _____

Psychiatrist _____
Psychiatrist Phone _____
Date of next appointment _____
Does the member have medication to last until this follow-up? Yes ☐ No ☐

Other follow-up appointments: _____
Name/Type of Provider: _____ Phone: _____
Date of next appointment: _____ Did member attend a 513 (Bridge appt. during the discharge process? Yes☐ No ☐
If yes, name of staff conducting the 513: _____
Phone: _____ Date of the 513: _____Time of the 513:_____

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 _____

My signature below certifies that I have agreed to release the information contained here to my PCP and behavioral health providers. My consent is voluntary, can be revoked in writing at any time, and will be used to assist with providing referrals, resources and support related to substance abuse treatment.

Current ICD Diagnosis

Primary _____
Secondary _____
Tertiary _____
Additional _____
Additional _____

Medication at discharge _____

Discharge Disposition/Where will member be staying after discharge?

_____ Signature of Facility Staff	_____ Signature of Member/Guardian
_____ Date of Admission/Discharge	_____ Time of Discharge

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