

Behavioral Health Discharge Note

Please submit this form electronically at <https://www.availity.com> and 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?	Yes	No	Accepted	Refused
Check all that apply.				
Skilled nursing facility				
Assisted living facility				
Targeted case management				
Intensive case management				
Therapeutic behavioral onsite services				
Day treatment				
Other (specify)				

* Availity is an independent company providing administrative services on behalf of Amerigroup.

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 us at 1-866-805-4589.

Providers: You are required to return, destroy or further protect any PHI you receive pertaining to patients that you are not currently 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 re-disclose such PHI.

By checking this box, I hereby certify that the protected health information (PHI) contained in the correspondence received in error has been destroyed and has not otherwise been retained, utilized, or further disclosed. In the event the PHI must be retained it will further be protected until the time it can be destroyed.