Amerigroup
An Anthem Company

Behavioral Health Discharge Note

Please submit your request electronically using our preferred method at **https://availity.com**.*
If you prefer to fax this form instead, you may send it to **844-452-8071** within one business day of discharge.

Today's date:	
Contact information	
Member name:	Member DOB:
Member ID/reference number:	Member phone number:
Member address:	
Name of facility:	
Facility NPI/provider number:	Date of discharge:
Discharge address:	
Discharge phone number:	
Other contact information (e.g., mobile phone, family member or guardian)?	

Was this discharge against medical advice (AMA)?	☐ Yes ☐ No
Was discharge information sent to the PCP?	☐ Yes ☐ No
Was discharge plan discussed with member?	☐ Yes ☐ No
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?	☐ Yes ☐ 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 Amerigroup Community Care.

https://provider.amerigroup.com

Discharge diagnosis (All five axes)	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V (Global assessment of functioning):	
Discharge medications (Include medications and doses for all conditions.)	
Are these medications on the formulary, or do they require precertification?	☐ Yes ☐ No
Has precertification been received if needed?	☐ Yes ☐ No
Risk assessment (If yes, explain.)	
Was the member stable at discharge? (No risk for suicide/homicide/psychosis)	
Discharge appointment (Must be within seven days.)	
Provider name:	
Provider contact number:	Tax ID number:
Is this an in-network provider?	☐ Yes ☐ No
Date of appointment:	Time of appointment:
Describe any barriers to the patient attending this appointment:	
Submitted by:	**Phone number:**