



Behavioral Health Inpatient Discharge Form

Please submit your request electronically using our preferred method via <https://www.availity.com>.* If you prefer to fax this form instead, you may send it to:

- Medicare Advantage: **1-844-430-1702**
- Medicaid: **1-844-430-6806**

If you have any questions, please contact Provider Services at **1-800-454-3730**.

Member information		
Name:		
Member ID number:	DOB:	
Address:		
Provider information		
Facility name:		
NPI/TIN:	Phone:	Fax:
Date of admission:	Date of discharge:	
Care coordination		
Utilization manager (UM):		
UM phone:	UM fax:	
Discharge information		
Discharge address:		
Discharge phone:		
Other contact information (e.g., 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 member's PCP?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was discharge plan discussed with the member?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If required for a minor, was informed consent for psychotherapeutic medication completed and given to the parent or guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc.

<https://provider.amerigroup.com>

Formulary status of discharge medications			
Name	Dosage	Frequency	On formulary
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If needed, has preauthorization been received for all medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A The current <i>Amerigroup Washington, Inc. Formulary</i> can be found at https://provider.amerigroup.com/wa under Eligibility & Pharmacy			
Risk assessment			
Was member stable at discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Discharge appointments (must be within seven days)			
PCP name:		In-network: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PCP phone:			
Appointment date:		Appointment time:	
Behavioral health provider name:		In-network: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral health provider phone:			
Appointment date:		Appointment time:	
Other provider name:		In-network: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other provider phone:			
Appointment date:		Appointment time:	
Additional required documentation: <ul style="list-style-type: none"> Discharge summary 			
Provider signature:			
Date:	Phone:	Fax:	

Disclaimer: Authorization indicates that Amerigroup determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.