



Behavioral Health Discharge Note

Please fax this form to 1-877-434-7578 within one business day of discharge.

Today's Date:					
Contact Information					
Member name:		Member ID /reference number:		Member date of birth:	
Member address:			Member phone number:		
Name of facility:			Facility NPI/Amerigroup 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 <input type="checkbox"/>	No <input type="checkbox"/>
Was discharge information sent to the PCP?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was discharge plan discussed with member?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
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):					
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 <input type="checkbox"/> No <input type="checkbox"/>
Has precertification been received if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 contract number:
Tax ID number:	Is this an in-network provider? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of appointment:	Time of appointment:
Describe any barriers to attending this appointment:	
Submitted by:	Phone number: