

Admission and Discharge Notification

Member Demographic Information		
Name	Date of birth	
Street address		
City	State	ZIP code
Phone number		
<input type="checkbox"/> Required – Copy of face sheet <i>(include with Admission and Discharge Notification)</i>		
Admission Information		
Admitting facility		
Admission date	Admission time <i>(must fax within 24 hours of admission or next business day)</i>	
Admission type: <input type="checkbox"/> Mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Eating disorders <input type="checkbox"/> Other		
Level of care: <input type="checkbox"/> Inpatient <input type="checkbox"/> Residential <input type="checkbox"/> Partial hospital <input type="checkbox"/> Intensive outpatient		
Reason for admission <i>(include precipitating event and current symptoms)</i>		
Attending physician		Estimated length of stay
Utilization Review contact name		Contact number
Discharge Information		
Discharge date	Discharge time <i>(must fax within 24 hours of discharge)</i>	
Admission type: <input type="checkbox"/> Mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Eating disorders		
Level of care: <input type="checkbox"/> Inpatient <input type="checkbox"/> Residential <input type="checkbox"/> Partial hospital <input type="checkbox"/> Intensive outpatient		
Discharge diagnosis		
Discharge level of care: <input type="checkbox"/> Inpatient <input type="checkbox"/> Residential <input type="checkbox"/> Partial hospital <input type="checkbox"/> Intensive outpatient <input type="checkbox"/> Outpatient		
Discharge appointments:		
Provider Name	Provider Type	Appointment Date/Time
Attending physician		Estimated length of stay
Utilization Review contact name		Contact number
<input type="checkbox"/> Required – Copy of this member’s discharge instructions <i>(include with Admission and Discharge Notification)</i>		