**Northern Arizona Health Choice ED Reporting**

Submit ED Notifications to: [HCHHCICCrisis@azblue.com](mailto:HCHHCICCrisis@azblue.com)

*Northern Arizona Behavioral Health Homes are required to notify Health Choice for any member in ED greater than 24 hours waiting placement. Please complete first section when member exceeds 24hrs after medically cleared. Second section after discharge from ED.*

***Section I.***

**BHH:** Click or tap here to enter text.

**Contact at BHH:** Click or tap here to enter text. **Name**:Click or tap here to enter text. **Phone:** Click or tap here to enter text. Email:Click or tap here to enter text.

**Contact at ED**: Click or tap here to enter text. **Name**:Click or tap here to enter text. **Phone:** Click or tap here to enter text. Email:Click or tap here to enter text.

**Member last name**: Click or tap here to enter text.

**Member first name:**Click or tap here to enter text.

**DOB:** Click or tap here to enter text.

**AHCCCS ID:** Click or tap here to enter text.

**Population:**  SMI  GMHSU/T19  Child

**ED Name:** Click or tap here to enter text.

**Date medically cleared**:Click or tap here to enter text. **Time:** Click or tap here to enter text.

**Other Information:** Click or tap here to enter text.

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**Section II.**

**Placement or Outpatient Services:**

**Date:**Click or tap here to enter text. **Time:** Click or tap here to enter text.

**Facility Name or Wrap Services Provided:** Click or tap here to enter text.

**Other**: Click or tap here to enter text.