



Notification of Admission, Transfer and Discharge for Out of Home Placements

Instructions: Required for all admissions, discharges and transfers. Required discharge summary and medication list submitted with this form. Submit this form within two business days of discharge.

Please submit to: BHAuthorizations@azblue.com

Member Name (Last, First):

DOB: **AHCCCS ID:**

Facility Name: **Facility NPI:**

LOC: BHRF SUD BHRF TFC ABHTH BHIF

Admission Date: **Discharge Date:**

Transfer Date: **Facility NPI:**

Authorization #:

Discharge Placement: (i.e., Home, shelter, sober living...)

Discharge Type: Completed Treatment Failed to Complete Treatment AMA

Member Cell Phone or Contact Number:

Email:

Discharge Address:

Psychiatric Appointment:

Name: **Address:**

Phone: **Appointment Date &Time:**

PCP Appointment:

Name: **Address:**

Phone: **Appointment Date &Time:**

Other Appointments:

Name: **Address:**

Phone: **Appointment Date &Time:**

Completed by: **Phone:**

Email:

Completed by: **Email:**