



Medicare Advantage Notice of Discharge Inpatient Behavioral Health Hospitalization

Today's Date: _____ Admission Date: _____ DC Date: _____

Customer Name: _____

Customer ID: _____ Auth #: _____

DC Facility: _____ DC Planner name: _____

Phone: (____) _____ Ext.: _____

DISCHARGE PLANS

DC Housing type: _____
(Home alone, home w/ family/friends, nursing home, personal care/boarding home, etc).

Is this a **new** living arrangement? Yes No DC Phone #: (____) _____

DC Address: _____

City: _____ State: _____ Zip: _____

Aftercare Appointment (s)

Provider Name	Provider Type	Date	Date

If no aftercare appointment is scheduled, please explain:

Other discharge plan comments:

Diagnosis ICD 10 Codes

Psychotropic Medications

Medication	Dosage	Frequency

Fax to Behavioral Health Unit: 866-949-4846 Please complete and fax this form on the same day of discharge.

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933153 03/2020 INT_20_85392_C