

# Medicare Advantage Notice of Discharge for Inpatient Behavioral Health Hospitalization



Complete this form and fax it to **866-949-4846** on the day of discharge.

Member and facility information		
Member name		Date
Member ID		Discharge facility
Authorization number		Discharge planner name
Admission date	Discharge date	Discharge planner phone

Discharge plans		
Discharge housing type		
Is this a new living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge phone	
Discharge address		
City	State	ZIP

Aftercare appointment		
Provider name	Provider type	Date
If no aftercare appointment is scheduled, please explain	Other discharge plan comments	

Diagnosis ICD-10 codes							

Psychotropic medications		
Medication	Dosage	Frequency