

Notification of Admission, Transfer, and Discharge Form for Behavioral Health Inpatient Facilities (BHIF), Behavioral Health Residential Facilities (BHRF), Substance Use Disorder (SUD) and Therapeutic Foster Care (TFC) Providers

Updated 8/17/20

Instructions: Complete this form for all members admitted, transferred to another facility (same level of care), or discharged. Submit completed reports to fax 480-760-4732 or email to **HCHHCIAUTHORIZATION@HEALTHCHOICEAZ.COM**

Member Name Last: First: AHCCCS ID:
DOB:

Facility Name: Facility NPI:

Service Provided	BHRF	SUD BHRF	TFC	BHIF
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Admission Date ICD 10 Diagnosis:

Complete the next section for Transfers and Discharges only.

Transfers *(Must include transfer note with this form)*

A transfer is any placement at a new facility, within the same level of care. Example: HCTC to HCTC. New

Placement: New Facility NPI:

Transfer Date

Discharges *(Must include discharge summary with this form)*

Discharge Date:

Required

Notes/
Comments

Completed By

Contact #

Date

Email