



Notification of Admission, Transfer, and Discharge from Behavioral Health Residential Facilities, Substance Use Disorder and HCTC Providers

Instructions: Complete this form for all members admitted, transferred to another facility (same level of care), or discharged. Submit completed reports to HCH.HCICauthorization@healthchoiceaz.com

Member Name Last: First:
DOB: AHCCCS ID:

Facility Name: Facility NPI:

Service Provided BHRF BHRF SUD HCTC

Admission Date

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 ID:

Transfer Date

Discharges (Must include discharge summary with this form)

Discharge Date:

Required

Notes/
Comments

Completed By

Contact # Date

Email