HIGHMARK. HEALTH OPTIONS

Behavioral Health Discharge Notification Form

Complete and fax all requested information below including any supporting documentation as applicable to Highmark Health Options at **1-855-412-7997. Incomplete information or illegible forms will delay processing.**

Questions or concerns? Call Utilization Management at 1-844-325-6251, Monday through Friday, 8 a.m. to 5 p.m.

Date: _____

Member Information		
Member Name	**Member ID**	**Date of Birth**
Authorization Number	**Date of Discharge**	

Provider Information	
Facility Name	**NPI Number**
Contact Person at Facility and Discipline/License	
Contact Phone	**Contact Fax**

Discharge Summary
Provide a summary of the member's condition(s). Include mental status and overall disposition at discharge (e.g., behavioral diagnosis and conditions at discharge). Attach additional information as needed.

List Psychotropic Medications Prescribed on Discharge *or* Attach Copy of Discharge Summary		
Medication	**Dosage**	**Frequency**

7-Day Psychiatric Follow-Up Appointment Schedule		
Provider Name and Discipline	**Provider Phone**	**Date of Appointment**

HIGHMARK. HEALTH OPTIONS

Behavioral Health
Discharge Notification Form

Support System

Does the member have family/informal supports (e.g., friends, significant other, partner, spouse, family, or other natural or professional supports) upon discharge who are able to help the member maintain behavioral wellness?

☐ Yes ☐ No ☐ Unknown ☐ Not Applicable (member being transferred)

Provide a list of family/informal supports. Include contact information, address, and phone of member discharge location. Share any other information that will help member outreach.

Additional Information

Provide additional information as indicated for Care Coordination support of discharge plan.