

## fax

TO:	Behavioral Health UN	1/ATTN: FRO	M:		
FAX:	1-833-581-1866	PAG	ES:		
PHONE:		DAT	E:		
RE:	Discharge Summary	CC:			
☐ Urgent	☐ For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle	
Comment	ts:				

## **Discharge Summary**

Fax to: 1-833-581-1866

Facility Name	Facility ID					
Facility Contact Name/Number						
Member Name						
Discharge Date						
Discharge Destination						
Follow-Up Appointment:						
Location						
Date/Time of Appointment						
Contact Number						
Additional Appointments (Optional):						
Medications at Discharge						
Diagnosis Code Version: ICD 10 Diagnosis Code(s)						
Member/Guardian Contact Number						
Stan Dayin Information if mambar is stanning dayin to DIID	400					
Step Down Information if member is stepping down to PHP						
	Physician/Contact Number					