

Notification of Admission, Transfer and Discharge for Out of Home Placements

Instructions: Required for all admissions, discharges, and transfers. Submit the discharge summary and medication list with this form. Must identify the treating practitioner. Submit this form within two business days of admission, transfer or discharge. Date of scheduled BHMP/PCP/Specialist follow-up visit.

Please submit to: BHAuthorizations@azblue.com

Member Name (Last, First): [Click here to enter text.](#)

DOB: [Click here to enter text.](#)

Member #: [Click here to enter text.](#)

LOB: BCBSAZ Health Choice StandardHealth with Health Choice

Facility Name: [Click here to enter text.](#)

Facility NPI: [Click here to enter text.](#)

LOC: BHRF SUD BHRF TFC ABHTH BHIF

Treating Practitioner: [Click or tap here to enter text.](#) **Fax Number:** [Click or tap here to enter text.](#)

Admission Date: [Click or tap to enter a date.](#) **Discharge Date:** [Click or tap to enter a date.](#)

Transfer Date: [Click or tap to enter a date.](#) **Facility NPI:** [Click here to enter text.](#)

Authorization #: [Click here to enter text.](#)

Discharge Placement: Home/family Friend Shelter Sober/Community Living BH Hospital Medical Hospital/ED TFC Other: [Click or tap here to enter text.](#)

Discharge Type: Completed Treatment AMA Admin DC

Member Cell Phone or Contact Number: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Discharge Placement Address: [Click or tap here to enter text.](#)

Post-DC Appointments within 7 business days

BHMP Appointment: [Click here to enter text.](#)

Name of BHMP: [Click here to enter text.](#) **Address:** [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Appointment Date & Time: [Click here to enter text.](#)

PCP Appointment:

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)



Phone: [Click here to enter text.](#)

Appointment Date & Time: [Click or tap to enter a date.](#)

IOP and Other Appointments:

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Appointment Date & Time: [Click or tap to enter a date.](#)

Form Completed by: [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

Email: [Click here to enter text.](#)