UniCare
An Anthem Company

UniCare Health Plan of West Virginia, Inc.
Mountain Health Trust

Behavioral Health Discharge Note Fax

Please fax this form to the Behavioral Health department at UniCare Health Plan of West Virginia, Inc. (UniCare) at **1-855-325-5556** within one business day of discharge.

Today's date:		
Contact information		
Member name:	Member date of birth:	Member ID/reference number:
Member address:		Member phone number:
Date of discharge:	Discharge address:	
Discharge phone number:	Other contact information (e.g., mobile phone, family member or guardian):	
Facility name:		Facility NPI/TIN:

Was this discharge against medical advice (AMA)?	Yes ☐	No ☐
Was discharge information sent to the PCP?	Yes ☐	No ☐
Was the discharge plan discussed with the member (patient)?	Yes ☐	No ☐
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?	Yes ☐	No ☐

Were any of the following included in the discharge plan? Check all that apply.	**Yes**	**No**	**Accepted**	**Refused**
Skilled nursing facility				
Assisted living facility				
Targeted case management				
Intensive case management				
Therapeutic behavioral onsite services				
Residential adult services				
Crisis Stabilization Unit				
Partial Hospitalization Program				

Intensive Outpatient Service Program				
Other (specify):				

Discharge diagnoses (psychiatric, chemical dependency and medical):

Discharge medications (include medications and doses for all conditions):	
Are these medications on the formulary?	Yes ☐ No ☐
If not on the formulary, do these medications require precertification?	Yes ☐ No ☐
Has precertification been received if needed?	Yes ☐ No ☐

Risk assessment (If yes, explain.)
Was the member stable at discharge (no risk for suicide/homicide/psychosis)? Yes ☐ No ☐

Discharge appointment (Must be within seven days.)	
Provider name:	Provider contract number:
Tax ID number:	Is this an in-network provider? Yes ☐ No ☐
Date of appointment:	Time of appointment:
Describe any barriers to attending this appointment:	
Submitted by:	**Phone number:**