Banner University Health Plans
Banner – University Family Care

Discharge Referral Tracking Log

(Form to be submitted daily to BUHP to reveal active discharge planning)

Member Name: _____ **DOB:** _____ **AHCCCS ID:** _____

Provider: _____ **Hospital Liaison:** _____ **Phone:** _____

Hospital: _____ **Admission Date:** _____

Clinical criteria for BHRF: _____

_____

Proposed date of discharge: _____

Date referred	Facility		Decision Date	Outcome

_____ _____ _____ _____

Signature Hospital Liaison **Date** **Agency Supervisor** **Date**

Send with current Discharge and Crisis Plans to B-UFC via Fax to (520) 874-3411
or via Secure Email to BUHPCareMgmtBHMailbox@bannerhealth.com.