Banner
University Family Care

Inpatient Transfer Request

The intent of this form to request and manage transfers from one inpatient facility to another inpatient facility (including subacute).

Email Completed Form to the BUHPBHUMPAMailbox@bannerhealth.com

This request is to be typed

Date:

Reason for request: Administrative ☐ or Clinical ☐

Member Name:

AHCCCS ID #

Date of Admit to Current Facility:

Name of Current Facility:

Name/Phone & Email of Person Making this Request:

Date of Requested Transfer:

Name of Facility Member will Transfer to:

Address of Transfer Location:

Contact Name/Number at Transfer Location who can verify member's acceptance?

Reason Member Needs to be Transferred:

If the request is for ECT, provide date PA for ECT was submitted:

Email this form to your current Banner reviewer. Be prepared to provide any additional clinical or administrative information needed for consideration.

Please note, a transfer for IMD may not be necessary.

A determination will be made within 2 business days of receipt.

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