

Out of Home Admission Notification

This form is sent to the Health Plan within 2 business days when a member is admitted to a behavioral health out of home facility or home. This includes Child Behavioral Health Inpatient Facility (BHIF), Child and Adult Behavioral Health Residential Facility (BHRF), and Child Therapeutic Foster Care (THC) and Adult Behavioral Health Therapeutic Foster Care (ABTH) .

Send by Fax to:
520-874-3411

Member Name: _____ Age: ____ DOB: _____ Gender: _____

AHCCCS ID: _____ Level of Care: BHIF , BHRF , TFC (children) , ABTH

Date of Admission: _____ Expected Discharge Date: _____

Name of Facility: _____

Address of Facility: _____

NPI Number of Facility: _____

Facility Contact Name: _____ Phone number: _____

Email Address: _____ Fax number: _____

Name of CFT/ART Facilitator/Case Manager: _____

Outpatient Agency: _____ Phone number: _____

Email Address: _____

If applicable – Name of Member’s parent/guardian: _____