

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 BHIF, child and adult BHRF and child and adult HCTC.

Send by Fax to:
520-874-3411

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

AHCCCS ID: _____

Date of Admission: _____ Expected Discharge Date: _____

Name of Facility: _____

Address of Facility: _____

Contact Name: _____ Phone number: _____

Email Address: _____ Fax number: _____

Name of CFT/ART Facilitator: _____

Outpatient Agency: _____ Phone number: _____

Email Address: _____

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