

Complete and fax all requested information below including any supporting documentation as applicable to Highmark Health Options at **1-855-412-7997**. **Incomplete information or illegible forms will delay processing.**

Questions or concerns? Call Utilization Management at 1-844-325-6251, Monday through Friday, 8 a.m. to 5 p.m.

Date: _____

Member Information		
Member Name	Member ID	Date of Birth
Authorization Number	Date of Discharge	

Provider Information	
Facility Name	NPI Number
Contact Person at Facility and Discipline/License	
Contact Phone	Contact Fax

Discharge Summary
Provide a summary of the member's condition(s). Include mental status and overall disposition at discharge (e.g., behavioral diagnosis and conditions at discharge). Attach additional information as needed.

List Psychotropic Medications Prescribed on Discharge <u>or</u> Attach Copy of Discharge Summary		
Medication	Dosage	Frequency

7-Day Psychiatric Follow-Up Appointment Schedule		
Provider Name and Discipline	Provider Phone	Date of Appointment



Support System

Does the member have family/informal supports (e.g., friends, significant other, partner, spouse, family, or other natural or professional supports) upon discharge who are able to help the member maintain behavioral wellness?

Yes No Unknown Not Applicable (member being transferred)

Provide a list of family/informal supports. Include contact information, address, and phone of member discharge location. Share any other information that will help member outreach.

Additional Information

Provide additional information as indicated for Care Coordination support of discharge plan.