



### Behavioral Health Discharge Clinical Form

Use this form to provide needed information for a Blue Cross and Blue Shield of Illinois (BCBSIL) member recently discharged from Behavioral Health treatment. **Complete this form in its entirety to ensure BCBSIL has accurate information and timely communication with the member if needed.**

**INSTRUCTIONS — Step 1:** save the form to your desktop. **Step 2:** complete the form. **Step 3:** click "Submit Request" at the bottom to attach the encrypted document to open a pre-populated email that will go directly to the Behavioral Health Team.

**Questions?** Contact Behavioral Health Customer Service at **800-851-7498** for assistance.

Today's Date \_\_\_\_\_ Facility Contact Name/Phone \_\_\_\_\_

#### Member/Patient Demographic Information

First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian Name \_\_\_\_\_ Current Contact Phone # \_\_\_\_\_

#### Auth/Facility/Provider Information

Authorization #/Request ID \_\_\_\_\_

Facility Name \_\_\_\_\_

Level of Care \_\_\_\_\_ If PHP LOC, Total # Days Attended \_\_\_\_\_

Admit Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

#### Discharge Aftercare Plan/Appointment Date and Time

Name of Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of PCP: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### Discharge Diagnoses and Medications

##### BH Diagnoses

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

##### BH Discharge Medications (Medication/Dosage/Frequency)

##### Medical Concerns/Diagnoses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Submit Request

Provider may also attach the completed form to an encrypted email and send to BHUMClinicalRightfax@bcbstx.com or fax 972-766-9653.