



Behavioral Health Discharge Clinical Form

Use this form to provide needed information for a Blue Cross and Blue Shield of Montana (BCBSMT) member recently discharged from Behavioral Health treatment.

Note: Complete this form in its entirety to ensure BCBSMT 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 open a pre-populated, secure email that will go directly to the Behavioral Health Team.

Questions? Contact Behavioral Health Customer Service at **800-447-7828** 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 or IOP 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 completed form to a secure email and send to hlocfocusedreview@bcbstx.com or fax 972-239-7499.