

Notification of Admission, Transfer, and Discharge from Behavioral Health Residential Facilities and HCTC

Instructions: Complete this form for all members admitted, transferred to another facility (same level of care), or discharged. Submit completed reports to HCIC_MMRReporting@steward.org or fax **855-408-3401**

Member Name	Last:	First:
DOB:	<input type="text"/>	CIS ID:
		AHCCCS ID:
Facility Name:		Facility AHCCCS ID:
Service Provided	BHRF	HCTC
Admission Date	<input type="text"/>	

Complete the next section for Transfers and Discharges only.

Transfers *(must include transfer note with this form)*

A transfer is any placement at a new facility, within the same level of care. Example: HCTC to HCTC.

New Placement:	<input type="text"/>	New Facility ID:
Transfer Date		

Discharges *(Must include discharge summary with this form)*

Discharged To:

Discharge Date:	<input type="text"/>
-----------------	----------------------

Notes/
Comments

Completed By

Date

Contact #