**Thurston Mason BH-ASO Non-Medicaid ITA Discharge Form**

|  |
| --- |
| **PATIENT DEMOGRAPHICS** |

Patient Full Name:       Date of Birth:       P1 ID, if applicable:       SSN:       Gender:

Street Address:       City:       Zip Code:

County of Residence:

**Involuntary Psych IP Discontinued by*:***  Court  Attending Physician  Not Discontinued (Transferred to other ITA Facility)

Length of Ordered Hold:       Order Start Date:       Order End Date:       Next Court Date(If Hold not Discontinued):

|  |
| --- |
| **PROVIDER INFORMATION** |

Provider Agency Name:       Provider Agency NPI:

Facility UR Name:       Phone:       Fax:       Email:

Attending Treatment Psychiatrist/Physician Name:

|  |
| --- |
| **DISCHARGE INFORMATION**  **(Information must be complete to receive payment from TMBH-ASO)** |

**Date & Time** of Patient Admit:       **Date & Time** of Patient Discharge:       Patient Discharged to:

1) Follow up Care Provider Name:       Follow up Care Provider Location:       Follow up Appointment Date & Time:

2) Follow up Care Provider Name:       Follow up Care Provider Location:       Follow up Appointment Date & Time:

**Please submit In-Patient Facility Discharge Summary with this form, if one is available.**

ICD-10 Code & DSM-5 Primary Diagnosis:       ICD-10 Code & DSM-5 Secondary Diagnosis:

Psychiatric Discharge Medications:

|  |
| --- |
| **If Patient Transferred to other ITA Facility**  Admitting Provider Agency Name:       Provider Location:  Provider Agency UR Contact Name:       Phone:       Fax:       Email: |

|  |
| --- |
| **DISCHARGE FORM INSTRUCTIONS** |

* **Thurston Mason BH-ASO reserves the right to deny authorization requests that do not meet our state-directed policy for timely Non-Medicaid ITA authorizations.**
* This form should be filled out electronically. Handwritten forms may be sent back without authorization approval.
* **Discharge summaries** are **required** to be faxed into TMBH-ASO at: 360-489-1435 or emailed securely to [iprequest@tmbho.org](mailto:iprequest@tmbho.org).
* Discharge summaries are required to receive any payment from TMBH-ASO.

Questions? Contact us at: Main Line: 360-763-5828 or UM Specialist: 360-763-5805