



### Behavioral Health Discharge Clinical Form

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

**Note: Complete this form in its entirety to ensure BCBSNM 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 **800-898-0070** 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](mailto:hlocfocusedreview@bcbstx.com) or fax 972-239-7499.