



Behavioral Health Discharge Form — Housing Service

Tennessee | Medicaid

Contact information for Wellpoint

Fax: 888-881-6287	Phone: 833-731-2153	Address: Behavioral Health Unit 22 Century Blvd., Suite 310 Nashville, TN 37214
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Provider information

Provider name		NPI number	
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☐ SH ☐ ESH ☐ MF ☐ RTC ☐ Other: _____

Member information

Member name		Date of birth	__/__/__
Wellpoint number	- - - - -		
Current auth number			
Member's telephone number	() - - - -		
Conservator's name		Relationship	
Conservator's telephone number	() - - - -		
Conservator's email address			

Discharge information

Discharge location/type			
Discharge to address	Street address		
	City		
	State	ZIP code	----

<https://provider.wellpoint.com/tn>

Medicaid coverage provided by Wellpoint Tennessee, Inc.

We comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call 833-731-2154. Information about the civil rights laws can be found at tn.gov/tennicare/members-applicants/civil-rights-compliance.html.

TNWP-CD-078646-25-SRS78646 Matter ID: 25-0501 | May 2025

Discharge date	_ _ / _ _ / _ _ _ _		
Discharge diagnosis	DSM code/name		
Discharge disposition	<input type="checkbox"/> Routine/goals met <input type="checkbox"/> Administrative <input type="checkbox"/> Acute facility <input type="checkbox"/> RTC <input type="checkbox"/> Deceased <input type="checkbox"/> Unsuccessful/goals not met <input type="checkbox"/> Other: _____		
Please explain non-routine discharge here			
Discharge medication(s)			
If MAR attached/included, check here: <input type="checkbox"/>			
Follow-up appointment dates set up prior to discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide explanation here	

Tennessee Health Link			
Tennessee Health Link outreach made	<input type="checkbox"/> Yes If yes, please complete below: <input type="checkbox"/> No		
Tennessee Health Link name			
Tennessee Health Link telephone number	(_ _) _ _ _ - _ _ _ _		
Tennessee Health Link appointment date (if applicable)	_ _ / _ _ / _ _ _ _	Tennessee Health Link appointment time	_ _ : _ _ <input type="checkbox"/> AM <input type="checkbox"/> PM
Tennessee Health Link outreach described			

PCP			
PCP appointment made	<input type="checkbox"/> Yes If yes, please complete below: <input type="checkbox"/> No		
PCP name			
PCP telephone number	(____) ____-____		
PCP appointment date	__/__/__	PCP appointment time	__:__ <input type="checkbox"/> AM <input type="checkbox"/> PM

1. Behavioral health provider information			
Name			
Type of appointment			
Provider's telephone number	(____) ____-____		
Appointment date	__/__/__	Appointment time	__:__ <input type="checkbox"/> AM <input type="checkbox"/> PM

2. Behavioral health provider information			
Name			
Type of appointment			
Provider's telephone number	(____) ____-____		
Appointment date	__/__/__	Appointment time	__:__ <input type="checkbox"/> AM <input type="checkbox"/> PM

Additional comments/ other aftercare plans	
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