Behavioral Health Inpatient Discharge Form

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

Provider information			
Provider name		NPI number	

Member information			
Member name		Date of birth	
Wellpoint number	_ _ _ _ _ _ _ _ _ _		
Current auth number			
Parent/legal guardian name/ conservator		Relationship to member	☐ N/A ☐ Spouse ☐ Parent/adoptive parent ☐ Stepparent ☐ Foster parent ☐ Legal guardian ☐ Grandparents ☐ Other: _____
Member/legal guardian/conservator primary telephone number	(_ _ _) _ _ _ - _ _ _ _	Type	☐ Mobile ☐ Home ☐ Other
Member/legal guardian/ conservator other telephone number	(_ _ _) _ _ _ - _ _ _ _	Type	☐ Mobile ☐ Home ☐ Other
Member/legal guardian/conservator email address			

https://provider.wellpoint.com/tn

TNWP-CD-079507-25-SRS78646 Matter ID: 25-0501 | May 2025

Discharge information				
Discharge to address	Street address			
	City			
	State		ZIP code	_ _ _ _ _

Discharge date	_ _/_ _/_ _ _ _		
Discharge diagnosis	DSM code/name		
Clinical status at discharge			
Discharge disposition	☐ AMA ☐ Acute facility ☐ Home ☐ IOP ☐ PHP ☐ RTC ☐ Deceased ☐ Housing program services ☐ Other: _____		
Discharge level of care	☐ Home ☐ SLE ☐ B&C ☐ Homeless shelter ☐ Temp housing ☐ Facility LOC ☐ Housing program services ☐ Other: _____		
Discharge medication(s)			
Follow-up appointment dates set up prior to discharge?	☐ Yes ☐ No	If not, why wasn't discharge plan in place prior to discharge?	☐ Pt AMA ☐ Declined referrals ☐ Facility unable to identify provider ☐ Offices closed at discharge ☐ Pt/family refused discharge planning ☐ Pt/family requested to schedule ☐ Discharged over weekend/no discharge plan in place ☐ Pt discharged over weekend, unable to set follow-up appointments ☐ Moved to higher level of care
Was preapproval requested for antipsychotic medication(s)?	☐ Yes ☐ No ☐ N/A		

Step down facility information			
Step down facility name			
Step down facility telephone number	(_ _ _) _ _ _ - _ _ _ _		
Step down appointment date	_ _/_ _/_ _ _ _	Step down appointment time	_ _ : _ _ ☐ AM ☐ PM

PCP			
PCP appointment made	☐ Yes ☐ No If yes, please complete below:		
PCP name			
PCP telephone number	(_ _ _) _ _ _ - _ _ _ _		
PCP appointment date	_ _/_ _/_ _ _ _	PCP appointment time	_ _:_ _ ☐ AM ☐ PM

Tennessee Health Link			
Tennessee Health Link outreach made	☐ Yes ☐ No If yes, please complete below:		
Tennessee Health Link name			
Tennessee Health Link telephone number	(_ _ _) _ _ _ - _ _ _ _		
Tennessee Health Link appointment date (if applicable)	_ _/_ _/_ _ _ _	Tennessee Health Link appointment time	_ _:_ _ ☐ AM ☐ PM
Tennessee Health Link outreach described			

1. Behavioral health provider information			
Name			
Provider's credentials *(for example, psychiatrist, LCSW, LPC, etc.)*			
Provider's telephone number	(_ _ _) _ _ _ - _ _ _ _		
Appointment date	_ _/_ _/_ _ _ _	Appointment time	_ _:_ _ ☐ AM ☐ PM

2. Behavioral health provider information			
Name			
Provider's credentials *(for example, psychiatrist, MFT, LCSW, etc.)*			
Provider's telephone number	(_ _ _) _ _ _ - _ _ _ _		
Appointment date	_ _/_ _/_ _ _ _	Appointment time	_ _:_ _ ☐ AM ☐ PM

Additional comments/ other aftercare plans	
Aftercare follow-up/ discharge planning	