



Behavioral Health Discharge Form — Outpatient Services and Child and Youth Residential Treatment

Tennessee | Medicaid

Contact information for Wellpoint

Fax: OP: 866-920-6006 RTC: 888-881-6309	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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☐ CTT ☐ CCFT ☐ FITT ☐ RTC ☐ Other: _____

Member information

Member name		Date of birth	
Wellpoint number	- - - - -		
Current auth number			
Parent/legal guardian name/conservator		Relationship to member	<input type="checkbox"/> N/A <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/adoptive parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____
Member/legal guardian/conservator primary telephone number	() - - - -	Type	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other
Member/legal guardian/conservator other telephone number	() - - - -	Type	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other

<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/tenncare/members-applicants/civil-rights-compliance.html.

TNWP-CD-079506-25-SRS78646 Matter ID: 25-0501 | May 2025

Member/legal guardian/conservator email address	
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Discharge information			
Discharge to address	Street address		
	City		
	State	ZIP code	_____
Discharge date	__/__/____		
Discharge diagnosis	DSM code/name		
Clinical status at discharge			
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: _____ *If available, attach residential treatment facility discharge summary		
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 not, explain reason discharge plan not in place prior to discharge?	

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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