



Behavioral Health Utilization Management
Discharge Notification Form

This form is used to confirm discharge from inpatient, residential, partial hospitalization program (PHP) or intensive outpatient program (IOP) treatment.

Note - if seeking a stepdown please complete the Stepdown Request form.

Please submit via email: FAXBHRepository@asuris.com or Fax: (888) 496-1540.

Today's Date:	Member ID #:	Current Authorization #:
Admit date:	Discharge Date:	Level of care:
Member information		
Member Name:		Member DOB:
Member address:		Member phone #:
Where will member reside and with whom?		
Facility name:		
Discharge Diagnosis:		
Aftercare Appointments - (be specific with names of all provider and dates of appointments)		
Additional Discharge Plans - list all medical, social, and community referrals		
Discharge Medications:		
Discharge planner name:		Discharge planner phone #: