

# Government Programs: Behavioral Health Discharge Summary

PO Box 66189  
Virginia Beach, VA 23466  
1-800-888-2611 | Medicaid  
1-888-946-1167 | Medicare/D-SNP

Submit via the provider portal or fax to the  
Urgent Fax Line: **757-963-9619** or **1-844-348-3719**

Sentara Medicare Advantage | Sentara Community Complete (D-SNP) | Sentara Community Plan

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date

**Facility Name:** \_\_\_\_\_

**Attending MD:** \_\_\_\_\_ **UM Contact Name:** \_\_\_\_\_

**UM Fax Number:** \_\_\_\_\_ **UM Contact Phone:** \_\_\_\_\_

**Admit Date:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_

**Psychiatric Discharge Diagnosis Listed:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Discharge Medications (Include Name, Dose, and Frequency):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*If Decanoate or Invega Sustenna, note the last date medication was received and next date medication is to be administered\*\*\*

**Discharge Destination Information:**

Name of parent/guardian, if applicable: \_\_\_\_\_

Destination address at time of discharge: \_\_\_\_\_

Destination phone number: \_\_\_\_\_

**Follow-up Appointments:** Please provide date/time of the appointment(s), provider's first and last name, and the provider's office phone number.

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