

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

Facility Name: Attending MD: UM Contact Name: UM Contact Phone: Admit 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 na and the provider's office phone number.	Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date	
Attending MD:UM Contact Name:					
Attending MD: UM Contact Name:	- ""	•		•	
UM Fax Number:	Attending MD:		IIM Contact Name:		
Admit Date:	UM Fax Number:	Fax Number: UM Contact Name:			
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