



Weekly Provider News

April 22, 2015

New Inpatient Hospital Discharge Form

The Alliance's new Inpatient Discharge Form (sample shown below) will now be faxed to you when one of your linked members has been discharged from the hospital. This will allow you to proceed with necessary follow up care such as scheduling visits or managing medications.



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • (831) 430-5500
 950 First Blanco Road, Suite 101 • Salinas, CA 93901-4419 • (831) 725-6000
 539 West 16th Street, Suite B • Merced, CA 95340-4710 • (209) 381-5300

Inpatient Hospitalization Discharge Summary

Date: _____ Auth #: _____

Primary Care Physician: _____

PATIENT INFORMATION:

Patient Name: _____
 Contact Information: _____
 Member Age: _____
 DOB: _____
 Gender: _____

HOSPITAL INFORMATION:

Hospital Name: _____
 Admission Date: _____
 Discharge Date: _____
 Attending Physician: _____

Final Diagnosis: _____
 Procedures: _____

Hospital Course (Brief Note): _____

Discharge Medications:

Name of Medication	Medication Dose	Reason

*Information may have changed, please validate with the patient or rendering provider. Central California Alliance for Health Utilization Management Care Transitions Team routinely follows inpatient discharged members for 30 days post discharge. If you have non-medical related questions regarding the facility discharge plan related to this member, please call 831-430-5517.

Discontinued Medications:

Name of Medication

Discharge Recommendations (includes follow up tests/imaging/appointments requested by Attending MD):

Follow up Tests/ Imaging/ Appointment Date and Time	Name of MD/Clinic	Reason: Follow/Specialty

Discharge Status:

Discharge Location? _____

Durable Medical Equipment: (List)? _____

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Questions?

Contact your Provider Services Representative or call Provider Services at (800) 700-3874 ext. 5504