Discharge Clinical

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Email to DischargeClinicals@point32health.org

Subject Line: **LOB:** ☐ Tufts Health Commercial ☐ Tufts Health Direct

☐ Tufts Health Together ☐ Tufts Health Senior Care Options (SCO) ☐ Tufts Health One Care

☐ Tufts Medicare Preferred (TMP HMO/PPO) ☐ RITogether ☐ Harvard Pilgrim Health Care

Facility Name: Level of Care: Auth #:

Today's Date: Authorization #:

Date of Admission: Date of Discharge:

Demographics

Member's Last Name, First Name: DOB: Age:

ID Number: Member's Phone Number:

Facility Information

Facility Name:

Name/Title of Individual Submitting Form:

Phone: Fax:

Email:

Diagnosis Codes (*spell out diagnoses*)

BH Dx Code and Description:

Medical Dx Code and Description:

Mental Status at Discharge

Medications (*include dosage and duration*)

Medication:

Medication:

☐ Long-Acting Injectable F/U Appt.:

Discharge Location

☐ Home ☐ Sober Living ☐ CSS 3.5 ☐ PHP ☐ IOP ☐ OP ☐ DMH Group Home

☐ Other:

Name:

Address: Phone:

Aftercare Appointments

Provider: Date: Time:

Provider: Date: Time:

Provider: Date: Time:

Other Discharge Information

Optional: **CANS** (required for age 20 and under for MassHealth (Tufts Health Together) when discharging from Inpatient, CBAT and PHP)

INSTRUCTIONS: Please complete fully and email to Point32Health on the day after discharge, at the latest.