# ED/CBHC Notification Form

Point32Health

Harvard Pilgrim Health Care  TUFTS Health Plan

Completed forms can be faxed to the following locations:

- **Tufts Health Together**: 888-977-0776
- **Tufts Commercial Plans**: 617-972-9590
- **Tufts Health One Care**: 857-304-6304
- **Harvard Pilgrim Health Care Commercial Plans**: 800-232-0816

Today's date: / / Admission date: / /

## Psychiatric Evaluation

Time of member readiness : a.m. : p.m.

Evaluation start time : a.m. : p.m. Evaluation end time : a.m. : p.m.

## Member Information

Member name:

Member ID: Date of birth: / /

Member address (*street, city, state, ZIP*):

Phone:

## ED/CBHC Information

Clinician/contact name:

Name of ED/CBHC:

ED/CBHC site location:

Phone:

## Type of Notification (*Pending admission/looking for placement*)

**Member waiting at the following location:**

- ☐ Home
- ☐ Hospital – emergency room Name of hospital: Phone:
- ☐ Hospital – medical unit Name of hospital: Phone:
- ☐ Other, specify:

**Working on admission for the following level of care:**

- ☐ Inpatient mental health services
- ☐ Inpatient substance use disorder services – Level 4.0 Detoxification Services
- ☐ 24-hour diversionary services
  - ☐ Community-based Acute Treatment (CBAT)
  - ☐ Community Crisis Stabilization (CCS)
  - ☐ Dual Diagnosis Acute Residential Treatment (DDART)
  - ☐ Enhanced Acute Treatment Services (EATS)
  - ☐ Intensive Community-based Acute Treatment (ICBAT)
  - ☐ Other, specify:

Requestor name:

Requestor's phone: Ext. Requestor's fax:

Admitting MD name:

Admitting MD's phone: Admitting MD's fax:

Admitting MD's NPI:

Admitting facility name:

Admitting facility phone: Admitting facility NPI:

Admitting facility Provider ID: Tax ID:

Admission date: / /

Primary ICD-10 Diagnosis Code:

Secondary ICD-10 Diagnosis Codes:

## Clinical Information

ICD-10 Alpha Numeric Diagnosis Code:

## Attestation

Name of ED/CBHC clinician completing this form:

Date: / /

CLEAR FORM