

Behavioral Health Hospitalization Inpatient Admission & Discharge Notification

Providers within the 5-state area are required to provide notification within 24 hours of admission and discharge from a psychiatric facility or mental / behavioral health unit.

(5-state area includes: Minnesota, North Dakota, South Dakota, Iowa, and Wisconsin)

Member Information:		
Name:	Member Current Phone #:	
Address:		
ID Number:	Date of Birth:	
Provider Information:		
Facility Name:		
Facility Street Address:		
Facility City / State:	Facility Zip:	
NPI Number:	Tax ID Number:	
Contact Name:		
Contact Phone:	Contact Fax:	
Admit Information:		
Admitting Diagnosis Code:	Admitting Diagnosis Description:	
Admit Date:	LOS:	
History:		
Discharge Information: *Submit DC Summary		
Discharge Date:	Discharge Diagnosis:	Discharge Disposition:

Please submit discharge summary with notification of discharge.
South Country Case Management contacts members after discharge.

Contact the Provider Contact Center for questions related to claims.