



Magellan Behavioral Health of Pennsylvania, Inc.
HEALTHCHOICES MENTAL HEALTH DISCHARGE SUMMARY

Bucks County Cambria County Lehigh County Montgomery County Northampton County

Date of Birth: Member Name: Member Address: Member Phone #: MA ID #: Date of Final Service: Provider Name: Provider MIS #: Provider Phone #: PROC Code(s) for Level of Care Discharged From: Level of Care Discharging to: Provider Discharging to:

*** COMPLETE AND SIGN FOR AUTHORIZED SERVICES ONLY***

Table with 2 columns: DISCHARGE DIAGNOSIS and MEDICATIONS AT DISCHARGE. Each column contains multiple horizontal lines for text entry.

Prognosis: Poor Guarded Fair Good

CLINICAL SUMMARY (Include Reason for Discharge and Discharge Plan):

Multiple horizontal lines for clinical summary text entry.

Clinician's Signature

Date