

Behavioral health discharge form

Post discharge appointments should be within seven days of discharge.

Beneficiary name: _____ Sponsor ID #: _____

Discharge date: _____ Number of days/units attended: _____

Discharge diagnoses: _____

Discharge planner name: _____

Discharge planner phone number: _____

Beneficiary discharge address: _____

City: _____ State: _____ ZIP Code: _____

and/or

Guardianship type: _____ Fax guardianship documents to Humana Military: **(877) 378-2316**

Guardian discharge address: _____

City: _____ State: _____ ZIP Code: _____

Discharge disposition: _____

Aftercare appointments

Seven-day follow-up appointment:

Medication management: _____ on: _____ at: _____ ☐ AM ☐ PM

Therapy: _____ on: _____ at: _____ ☐ AM ☐ PM

Other: _____ on: _____ at: _____ ☐ AM ☐ PM

30-day follow-up appointment:

Medication management: _____ on: _____ at: _____ ☐ AM ☐ PM

Therapy: _____ on: _____ at: _____ ☐ AM ☐ PM

Other: _____ on: _____ at: _____ ☐ AM ☐ PM



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Note: If beneficiary does not have a provider prior to discharge, secure aftercare appointment by utilizing [HumanaMilitary.com/findcare](https://www.humanamilitary.com/findcare). Use the beneficiary's home ZIP Code to obtain local provider information.

Community-based and/or educational supports (ex. IEP or 504): _____

Discharge medications, dosages and frequencies: _____

Discharge safety plan: _____

Date(s) facility discussed discharge plan with beneficiary and family: _____

Autism Care Demonstration (ACD) resources can be found by calling Humana Military at (800) 444-5445. Providers may refer beneficiaries for behavioral health case management services through provider self-service at [HumanaMilitary.com/login](https://www.humanamilitary.com/login).