



## Fax cover sheet for Discharge Planning Requests

**Note:** Include only one member per fax.

### Contact information for call back

Contact name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact fax number: \_\_\_\_\_

### Type of request

- ☐ Skilled nursing facility request
- ☐ Subacute rehab request
- ☐ Subacute medical request
- ☐ Acute rehab request
- ☐ Ambulance (include name of company providing transport): \_\_\_\_\_

Member name: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Member date of birth: \_\_\_\_\_

Ordering physician: \_\_\_\_\_

Attending physician: \_\_\_\_\_

Admitting facility: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

The information contained in this fax is intended only for the confidential use of the designated recipient(s) named above. **This fax message may contain medical records and/or medical information and as such is privileged and confidential. Any further copying, distribution, or dissemination of the information may be prohibited by state or federal law.**