

SUD Residential Admission & Discharge Notification

Providers within the 5-state area are required to provide notification within 24 hours of admission and discharge from a SUD Residential Facility / Unit.
(5-state are includes: Minnesota, North Dakota, South Dakota, Iowa, and Wisconsin)

Civil Commitment: <input type="checkbox"/> Yes <input type="checkbox"/> No		If <u>yes</u> , please submit full court order	
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:	
Service Code:	H2036	Admit Date:	LOS:
History:			
Discharge Information: <u>*Submit DC Summary</u>			
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.