



Mercy Care Notification of Adult Behavioral Health Residential Facility (BHRF)  
Admission/Discharge Form

Fax on Admission to #855-825-3165

The first 2 grids on this form must be completed entirely upon admit and faxed to above number to obtain an authorization for this admission. (**Note:** Prior Authorization (PA) is required prior to admission. To verify PA you may call Mercy Care PA at 602-263-3000, select Prior Authorization Prompt).

The last grid must be completed upon discharge. Please provide specific reason for discharge and send this form to Quentin Brown, Norinne Young, and your assigned concurrent reviewer.

Provider Name	
Facility	
Facility Address	
Provider Contact number	
Provider Fax Number	
Completed By	

Member Name	
D.O.B.	
AHCCCS ID #	
Diagnosis	
Check Type of BHRF: <input type="checkbox"/> Basic <input type="checkbox"/> Co Occurring <input type="checkbox"/> PCS <input type="checkbox"/> Eating Disorder <input type="checkbox"/> ABHTH	
Date of Admit	

Date of Discharge	
Reason for Discharge	

Please also Email *this form*: Concurrent Reviewer, Norinne Young, [Youngn4@MercyCareAz.org](mailto:Youngn4@MercyCareAz.org)  
Quentin Brown, [BrownQ1@MercyCareAz.org](mailto:BrownQ1@MercyCareAz.org)