

Submit to:

Aetna Better Health of Illinois UM
Phone 1-866-239-4701/Fax 1-844-528-3453

BH MOBILE CRISIS NOTIFICATION FORM

Please print clearly – incomplete or illegible forms will delay processing. ALL SECTIONS MUST BE COMPLETED.

Date _____

MEMBER INFORMATION

Name _____

DOB _____

Member ID # _____

PROVIDER INFORMATION

Provider Name (print) _____

Provider/Agency Tax ID # _____

Provider/Agency NPI Sub Provider # _____

Phone _____ Fax _____

CURRENT ICD DIAGNOSIS

Primary _____

Secondary _____

Tertiary _____

Additional _____

Additional _____

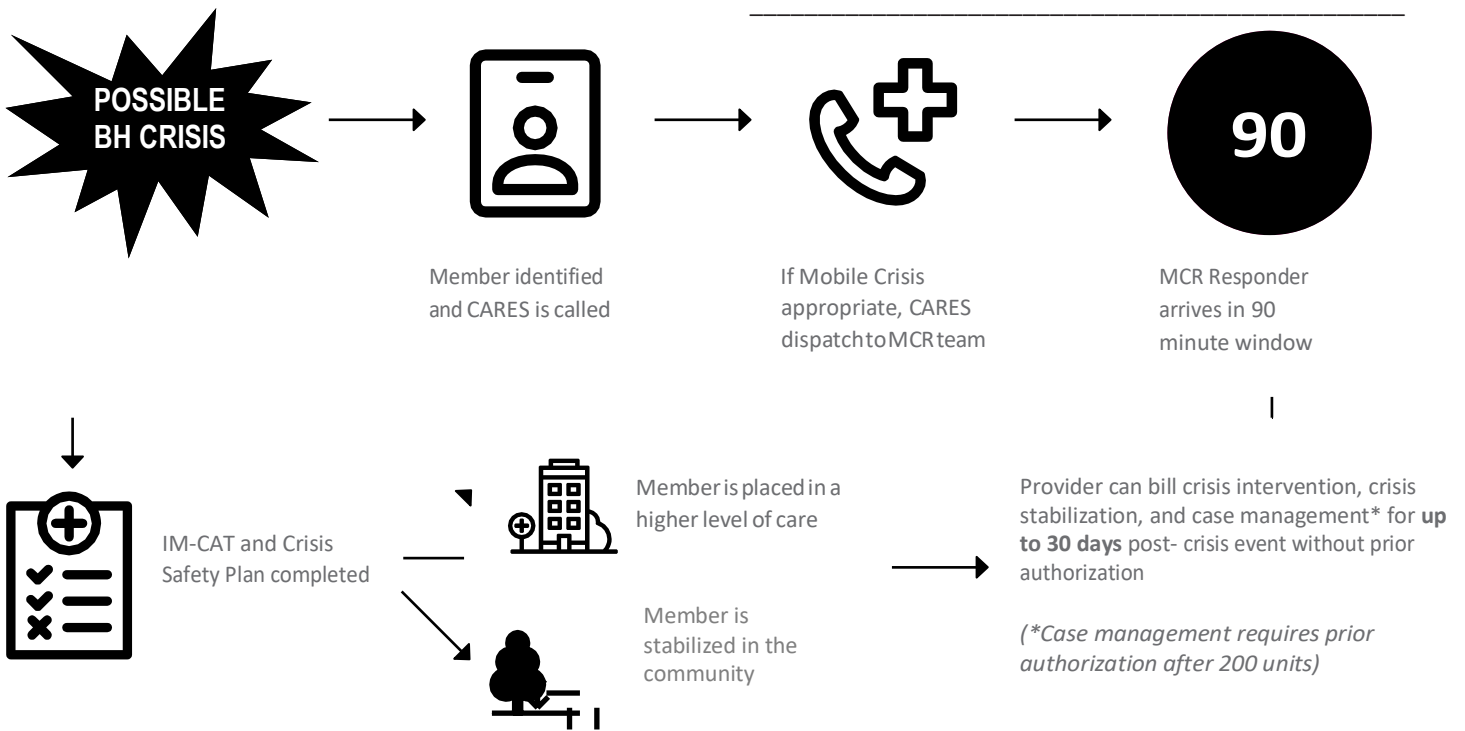
Has contact occurred with family? Yes No

Time of call by provider/agency _____

Time of assessment by provider/agency _____

IP Appropriate Hospital Yes No

If no, date/time/name of 24-hour follow-up appointment: _____



Clinician Signature

Date

Clinician Signature

Date

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PLEASE ATTACH: IM-CAT and crisis
stabilization plan