HCA Florida Healthcare℠

BH UR OP REFERRAL FORM

☐ MIAMI-DADE MARKET: ☐ AVENTURA HOSPITAL ☐ MERCY HOSPITAL ☑ KENDALL HOSPITAL

☐ BROWARD MARKET: ☐ WOODMONT MENTAL HEALTH AND WELLNESS CENTER

☐ PALM BEACH MARKET: ☐ JFK NORTH HOSPITAL

*** VIRTUAL/TELEHEALTH available at JFKN IOP (ADOL/ADULTS) & AT WOODMONT PHP/IOP (ADOL/ADULTS)

PERSON MAKING REFERRAL: _____ DATE: _____

REFERRAL FACILITY: Coastal Health Group, Inc. PHONE #: 786-294-0123 Fax: 786-294-0435

TITLE OF PERSON MAKING THE REFERRAL: _____

PATIENT INFORMATION

PATIENT'S NAME: _____ DOB: _____

ADOLESCENT LEVEL OF CARE (LOC): ☐ PHP ☐ IOP

☐ IN-PERSON ☐ VIRTUAL/TELEHEALTH

ADULT LEVEL OF CARE (LOC): ☐ PHP ☑ DAY IOP ☐ EVENING IOP

☑ IN-PERSON ☐ VIRTUAL/TELEHEALTH

STEPDOWN: ☐ NAME OF MD ASSIGNED TO PATIENT: _____

NAME & PHONE # OF COMMUNITY REFERRAL: _____

DIAGNOSIS: _____ PENDING D/C DATE: _____

PATIENT'S PHONE #: _____ PARENT'S PHONE #: _____

PATIENT'S ADDRESS: _____

PARENT/GUARDIAN IF APPLICABLE: _____

PRIMARY INSURANCE: _____ MEMBER ID: _____

SECONDARY INSURANCE: _____ MEMBER ID: _____

PATIENT'S EMAIL ADDRESS: _____

YES	NO	
☐	☐	PHONE NUMBER HAS BEEN VERIFIED WITH THE PATIENT
☐	☐	ADDRESS HAS BEEN VERIFIED WITH THE PATIENT
☐	☐	PER CONVERSATION WITH PATIENT, THE PATIENT HAS AGREED TO ATTEND PHP/IOP

PLEASE EMAIL FORM TO BH UR OP AT BHSU.EFDARCPRECERTS@HCAHEALTHCARE.COM OR FAX TO 954-718-2086 AT LEAST 48-72 HOURS PRIOR TO PATIENT'S DISCHARGE. THE BH UR OP TEAM WILL CONTACT THE PATIENT WITHIN 1 – 2 BUSINESS DAYS. FOR REFERRALS, PLEASE CALL THE BH UR OP TEAM AT 844-875-5471 (LISTEN TO THE ENTIRE RECORDED MESSAGE AND FOLLOW THE PROMPT TO REACH THE BH UR OP TEAM).

COMMUNITY REFERRALS – PLEASE DISREGARD ABOVE NOTE BUT PLEASE ATTACH CLINICAL INFO WITH FORM TO EXPEDITE THE ADMISSION AND REFERRAL PROCESS.

(REV. 3/30/22)