

***Behavioral Health Treatment Data Sharing Form  
 for Hoosier Healthwise and Healthy Indiana Plan members***

Once complete, please fax to **1-866-877-5229**, Attn: Behavioral Health Care Management department. This form will be forwarded to the member's primary medical provider by an Anthem Blue Cross and Blue Shield associate.

Member name:	Recipient identification number:
Member address:	Member phone number:
Primary medical provider:	Primary medical provider phone number:
Date of initial visit:	Initial diagnosis:
Is this member receiving Medicaid Rehabilitation Option services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this member at imminent risk of hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was a crisis plan established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of initial visit:	
Significant findings from assessment:	
Medications taken or prescribed:	
Other relevant information:	
Treatment requested:*	
Provider name:	Service address:
Facility/group name:	Phone number:
NPI number:	Fax number:
Date of submission:	
Consent obtained to release information related to substance abuse and/or HIV condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

\* Any services other than routine outpatient treatment require specific authorization (for example, psychological testing).

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