Neighborhood Health Plan OF RHODE ISLAND™
910 Douglas Pike, Smithfield, RI 02917 : 1-800-963-1001 : nhpri.org

Home Care Discharge Communication Form

If your agency has discharged our member(s) from your services, please complete this form and fax it back to Neighborhood Health Plan of Rhode Island's INTEGRITY Team fax line 401- 709-7025.

Date: _____

Member's Name: _____

Member ID#: _____

Case Manager's Name: _____

Facility: _____

Member's Date of Birth: _____

Date of Discharge: _____

Reason for Discharge:

____ Non-Payment of Patient Share

____ Nursing Home Admission (name of nursing home): _____

____ Hospital Admission: (date of admission) _____

____ Deceased (date of expiration):_____

____ Non-Adherent to Plan of Care

____ Other (please explain): _____

Comments:

_____
_____
_____
_____