



Please fax to 866-879-4742

TWO-DAY NOTIFICATION and INITIAL TREATMENT PLAN

For use by inpatient psychiatric hospitals to notify contracted insurers regarding children under 18 admitted for inpatient mental health treatment.*

Patient Name: Date of Birth:
Legal Guardian (and phone number): Insurance Plan Name and ID #:
Admitting Hospital: Date of Admission:

Diagnoses

Table with 3 columns: Mental Health, Co-occurring SUD, Medical. Rows 1-3 for listing diagnoses.

Chief Complaint:

Medical and/or SUD Problem(s) in Need of Acute Stabilization (if applicable):

Initial Treatment Plan

Medications (include name, dose and frequency – Attach additional sheets if necessary):

Psychotherapy: Individual Family Group

Consultations (if applicable):

Coordination of Care with other providers:

Preliminary Discharge Plan:

Treatment for SUD (if applicable): Nicotine Replacement Therapy Naloxone Buprenorphine Other:

Assigned Clinician(s) to Coordinate with Plan (name and phone number):

Clinician Signature Print Name and Title Date

*Refer to the guidance memo issued by OMH titled, "Prohibition Against Preauthorization and Concurrent Review During First 14 Days of an Inpatient Admission for a Mental Health Condition for Individuals Under 18" released on December 30, 2019. OMH 482 (12.19)