

***GILA RIVER  
REGIONAL BEHAVIORAL HEALTH AUTHORITY***

**TITLE XIX INSTITUTION FOR MENTAL DISEASE  
ADMISSION/DISCHARGE NOTIFICATION FORM**

**Facility Information**

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

AHCCCS Provider ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Gila River RBHA Client Information**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

AHCCCS ID#: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Comments: \_\_\_\_\_

***Please FAX Form to ATT: Gila River Billing Clerk at (602) 528-1374***

**OR**

***MAIL to:***

***Hu Hu Kam Memorial Hospital***

***ATT: RBHA***

***P.O. Box 38***

***Sacaton, AZ 85247***

