



# Notification of Admission Withdrawal Management

**FYI** *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



**Fax** form and any relevant documentation to:  
**612-884-2033** or **1-855-260-9710**



For questions, call Mental Health and  
Substance Use Disorder Services at:  
**612-676-6533** or **1-833-276-1185**



**Submit Request:** [UCare's Secure Email Site](#)  
**Email:** [MHSUDservices@ucare.org](mailto:MHSUDservices@ucare.org)

<b>MEMBER INFORMATION</b>	Member Name _____
	UCare ID _____ PMI _____ DOB _____
	Address, City, State, Zip _____
	Phone _____ ICD-10 _____
<b>SERVICE PROVIDER INFORMATION</b>	Facility Name _____
	NPI Number _____
	Location Address _____
	Facility Phone _____ Fax _____
	DHS Licensed 245F Provider Effective Date _____
	Treating Clinician _____
	Treating Clinician Phone number _____
	Request Sent By _____
	Email _____
	Phone _____ Total Pages Faxed _____

**UCare Case Managers may assist in the coordination of services to provide the quality care that is customized accordingly to aid members to their recovery.**

## Withdrawal Management (Continued)

<b>SERVICES/PROCEDURE ITEMS REQUESTED</b>	Admit Date	Anticipated/Discharge Date
	Admission Reason	
	<input type="checkbox"/> 0900 – 3.2 Clinically Monitored Notes:	<input type="checkbox"/> 0919 – 3.7 Medically Monitored Notes:

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