



## Out of Network Halfway House Admission

Please fax information to (651) 662-0718. For questions contact 1-800-365-2735.

### CONFIDENTIAL

### COMPLETE AND RETURN with ONLY the PLACEMENT SUMMARY for the Rule 25 Assessment

- Patient Name \_\_\_\_\_
- Member ID# \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Date of Admission \_\_\_\_\_
- Diagnosis Code(s) \_\_\_\_\_
- Admitting Physician \_\_\_\_\_
- Facility Name \_\_\_\_\_
- Facility Address \_\_\_\_\_
- Phone # (\_\_\_\_) \_\_\_\_\_
- Fax # (\_\_\_\_) \_\_\_\_\_
- Contact Person \_\_\_\_\_
- Provider Fed Tax ID # \_\_\_\_\_
- Provider # \_\_\_\_\_
- County Contract  
Program Rates \_\_\_\_\_

Information contained on this facsimile (FAX) message is confidential and intended only for the personal and confidential use of the recipient named above. If you are not the intended recipient of this information or the person responsible for delivering it, you are prohibited from disclosing, distributing, copying or acting in reliance upon this information. If you have received this FAX in error, please notify us immediately by telephone at 1-800-365-2735 and return all pages to: PO Box 64668, St. Paul, MN 55164-0668. An inadvertent transmittal by FAX does not alter the privileged nature of this communication pursuant to statute or common law.