

Salish BHO

614 Division Street, MS-23

360/337-7050 or 800/525-5637

CONFIDENTIAL

INPATIENT CLAIMS REASSIGNMENT MEMORANDUM

DATE:

[] 1ST NOTICE

[] FINAL NOTICE

TO:

FROM: Salish BHO

Attn: Anders Edgerton

Fax: 360-337-5721

Consumer

ProviderOne ID

Hospital

Dates of Service:

TCN #

We believe that this claim has been erroneously assigned to Salish BHO due to the following:

- Consumer receiving services within your BHO prior to hospitalization.
- Consumer resides within your BHO and is not enrolled in outpatient services at our BHO.
- Consumer relocated to your BHO; prior to consumer hospitalization your BHO was provided with documented notification of the consumer's intent to relocate.
- Consumer was placed in a State facility/program by your BHO and was subsequently hospitalized directly from the facility/program.
- Other:

Please check your information and reply to us by returning a copy of this memorandum within the next two weeks.

BHO

Accepts the assignment of this consumer for this hospitalization

Disputes the assignment of this consumer for this hospitalization

REASON: _____

Signature: _____

CC: