



Behavioral Health Unit Discharge Notification

Provider Name	
Provider ID	
Sender Name	
Sender Phone Number	
Member Name	
Member ID	
Member DOB	
Admit Date	
Discharge Date	

Fax this completed form to:
(405) 530 – 7260

*Failure to fax the member's discharge date may result in claim denials.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767