



Acute Treatment Services (ATS) for Substance Use Admission Notification Form

For ATS (Level III.7) admission only

For Tufts Health Together and Tufts Health Direct, fax to: 888.977.0776

For Tufts Health Unify, fax to: 857.304.6304

Today's date ___/___/___

Please submit notification for ATS for substance use within 48 hours of admission.

Date of request or fax ___/___/___

Date of admission ___/___/___

Member information

Member name _____ Member ID # _____ DOB ___ / ___ / ___
Member address _____ Phone _____ - _____ - _____
City _____ State _____ ZIP _____

Facility information

Facility name _____ NPI # _____
Facility address _____
City _____ State _____ ZIP _____
Facility case manager _____ Phone _____ - _____ - _____ Secure fax _____ - _____ - _____
Presenting problem _____

Diagnosis

ICD-10 code _____

Pregnant: Yes No

Treatment plan

Please include specific detox protocol.

Aftercare plan

- Outpatient therapy
 Medication management
 Structured outpatient addiction program (SOAP)
 Community support program (CSP)
 Level III.5 post-detoxification step down
 Other: _____

Signature of clinician completing request _____ Date ___/___/___

Tufts Health Public Plans may contact facility to discuss treatment planning and care coordination as necessary. Call us at 888.257.1985 before the end of the seventh day of ATS for substance use if additional time will be utilized. Please call us if you have questions or want more information.