



Partnership HealthPlan of California
 4665 Business Center Dr.
 Fairfield, CA 94534
 (707) 863-4133 / (707) 863-4118 FAX

BEDHOLD & CHANGE OF STATUS REPORT

FACILITY NAME: _____

NO.	MONTH -	DAY OF THE WEEK																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	NAME:																																
	TAR NUMBER:																																

Please note, member discharge /transfer to acute requires a MD order.

Fax weekly to **707 - 863 - 4118**

REMARKS:

NO.	

LEGEND:

- A - Discharge to Acute (use after 7 day BH)
- B - Discharge to B & C
- B/H - Bed Hold
- E - Expired
- E/A - Expired in Acute
- TL - Therapeutic Leave

- H - Discharge to Home
- I - Discharge to ICF
- M - Discharge to Medicare Bed

- P - Discharge to Private Pay
- R - Return to MediCal Bed
- S - Discharge to Other SNF
- X - Discharge to Hospice

Prepared By: _____

Telephone #: _____

Fax #: _____