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

MCUG3038 Attachment A 01/14/2026
MCUG3058 Attachment B 01/14/2026

BED HOLD & 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 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 Medi-Cal Bed
S - Discharge to Other SNF
X - Discharge to Hospice

Prepared By: _____

Telephone #: _____

Fax #: _____