



**ICMP fax number
1-855-895-9758**

ICMP/PCC Initial Information

Name of Member:	MMIS#:
DOB:	Member phone:
Member address:	

MBHP ICM contact info:	ICM name:
	ICM phone:

Current providers:

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ED and inpatient admissions in the past six months:

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Member goals and ICM follow up tasks:

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NOTE: Under the federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act, 45 CFR, Pts. 160 & 164, no SUD related information is contained in this communication document.