PM FORM 4.3.4
RECIPIENT TRANSITION FROM RBHA to PCP
LOG

RBHA NAME:_____
Month: _____
Year: _____

Recipient ID	Last Name	First Name	Date of RBHA initiated PCP Contact	Did PCP agree to transition? Y/N	Health Plan Name	Date Packet was sent to the Behavioral Health Coordinator	Date of Recipient's PCP appointment	Did Recipient run out of medications at any time during the transition? Y/N	Comments