



TRANSFER / TERMINATION INCIDENT REPORT

First	MI	Health Net Identification #		
PPG/IPA Name		PPG / IPA #		
Counselor:		Date		
INCIDENT REPORT DATES / TYPE				
1 st INCIDENT DATE	LEVEL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2 nd INCIDENT DATE	LEVEL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3 rd INCIDENT DATE	LEVEL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
DESCRIPTION OF INCIDENTS				
DATE OF LETTER TO MEMBER FOLLOWING COUNSELING SESSION		ATTACH COPY OF LETTER, RECOMMEND LETTER BE SENT BY REGISTERD MAIL, RETURN RECEIPT REQUEST		
DOCUMENTATION OF COUNSELING OF PATIENT REGARDING INCIDENT. (IF COUSELING DOCUMENTED IN THE MEDICAL RECORD BY PHYSICIAN, PA, RNP ATTACH COPY OF DOCUMENTATION)				
FOR HEALTH NET USE ONLY				
DATE REPORT RECEIVED FROM PPG: * WITNESS REPORT REQUIRED		DATE OF WARNING LETTER TO MEMBER:		COMMENTS: