

West Slope Casa DACODS Correction Form

Revised 01/07/2009

Program Name _____ DACODS License Number # _____

Clinician requesting change _____ Date _____

Clinician or contact email _____ Phone _____

DACODS Admission could not be found on DACODS Discharge web site (check) ___
A copy of the completed DACODS Admission form must be attached and mailed to:

Colorado Health Networks
Attn: Paul Hann
7150 Campus Drive, Suite 300
Colorado Springs, CO 80920

(Please check this Admission to make sure ALL required fields are filled. Use a large manila envelope.
Do NOT fold this form or staple it as it will be scanned.)

Please make the following correction (check) ___

Report Type (circle one) Admission Discharge Detox Pregnancy

Client's Name _____ Admission Date _____

Client's Social Security Number _____

Client's Birth Date _____ Modality # _____

Item to be changed _____

From _____

To _____

Item to be changed _____

From _____

To _____

Corrections ONLY may be faxed to Paul Hann at:
Colorado Health Networks, 719-538-1433

Or use the above mailing address to mail corrections.