

**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.