**Please fax completed form to Optum at (888) 687-2515 after client has been admitted. Thank you.**

|  |  |
| --- | --- |
| Name of County Funded Facility Admitting Client | Click or tap here to enter text. |
| Type of LTC Facility(Check all that apply) | [ ] IMD/STP[ ]  CO-SNF[ ] SNF Patch[ ] NBU[ ] ARF [ ] State Hospital |
| Address of County Funded Facility | Click or tap here to enter text. |
| Contact Person at County Funded Facility | Click or tap here to enter text. |
| Contact Phone Number | Click or tap here to enter text. |
| Client Name | Click or tap here to enter text. |
| Client’s Date of Birth | Click or tap here to enter text. |
| Date Client Admitted | Click or tap here to enter text. |
| Admitting Title 9, DSM Diagnosis | Click or tap here to enter text. |
| Comments | Click or tap here to enter text. |

**Contact Information for Optum:**

LTC Phone Line: (800) 798-2254, Option 3, then 5

LTC Fax: (888) 687-2515