



## Admission Verification and Request for Initial Authorization

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

Name of County Funded Facility Admitting Client	
Type of LTC Facility (Check all that apply)	<input type="checkbox"/> IMD/STP <input type="checkbox"/> CO-SNF <input type="checkbox"/> SNF Patch <input type="checkbox"/> NBU <input type="checkbox"/> ARF <input type="checkbox"/> State Hospital
Address of County Funded Facility	
Contact Person at County Funded Facility	
Contact Phone Number	
Client Name	
Client's Date of Birth	
Date Client Admitted	
Admitting Title 9, DSM Diagnosis	
Comments	

### Contact Information for Optum:

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

LTC Fax: (888) 687-2515