



Verification of Admission and Request for Initial Authorization to County Funded SNF

Please fax form to Optum Long-Term Care (888) 687-2515 after client has been admitted to request initial 90 day authorization. Thank you.

Name of County Funded SNF Admitting Client:	
Address of County Funded SNF:	
Contact Person at County Funded SNF:	
Contact phone number:	
Client name:	
Client's date of birth:	
Date client admitted:	
Comments:	



For Optum Use only:

Name of Optum Staff competing form:	
Date form completed:	

Contact Information for Optum:

LTC Phone Line: (800) 798-2254, Option 6

LTC Fax: (888) 687-2515

Document: Verification of Admission and Request for Initial Authorization to County Funded SNF
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Funding for services is provided by the County of San Diego Health and Human Services Agency.
Prepared by: Optum Public Sector San Diego