



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	
Comments	

Contact Information for Optum:

LTC Phone Line: (800) 798-2254, Option 3, then 5
LTC Fax: (888) 687-2515